DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 July 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Plan Set in a Three-year Context
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategic Development & Operational Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Daniel Warm, Head of Planning Andrew Spratt, Deputy Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Integrated Medium Term Plan (IMTP) is the key planning document for Hywel Dda University Health Board (HDdUHB) setting out the milestones and actions we are taking in the next one to three years in order to progress our strategy. It should be based on the health needs of our population, delivering quality services, ensuring equitable and timely access, and the steps we will take to deliver our vision for A Healthier Mid and West Wales.

A draft three year plan was approved for onward to submission to Welsh Government by Public Board on 31st March 2022, whilst also noting HDdUHB's intention to continue working towards an IMTP for submission in quarter 2 of 2022/23.

However, given the current financial situation, it has been agreed with Welsh Government that an annual plan set within a three-year outlook would be produced for July rather than an IMTP.

Cefndir / Background

The submission of a three year IMTP to Welsh Government (WG) is a statutory obligation. However, for an IMTP to be approvable it must show financial balance over the lifecycle of the Plan and, as such, HDdUHB has not produced an approvable Plan to date.

HDdUHB wrote to Welsh Government on 28th February 2022, to formally notify them through an accountability letter that unfortunately we would not be in a position to submit a financially balanced IMTP by 31st March 2022. Instead, it noted that it would be our Board's intention to submit a draft Three-Year Plan 2022/25, with a robust and detailed focus on 2022/23 actions, which we intended would set the foundations for an IMTP to be submitted in the summer.

This notification was based on the premise that The Health Board's underlying deficit has worsened over the last two financial years following the gaps in delivery of recurrent savings in 2020/21 and 2021/22 during the pandemic and, as such, there was currently insufficient assurance to allow HDdUHB to propose an IMTP for the March 2022 submission.

The Health Board did produce such a draft Plan, which was presented to Board in March 2022, and subsequently submitted to WG on 31st March 2022, noting that a further iteration of the Plan would be submitted in July 2022.

Asesiad / Assessment

Following submission of the draft Plan in March 2022 and our Accountability letter in April 2022 (that noted our revised current end year trajectory of a £42M deficit), the Chief Executive of NHS Wales wrote to the Health Board in May 2022, noting that, given our financial situation, we would not be in a position to have our Plan sent to the Health Minister for approval. The letter also noted areas which needed review, these were:

- *Given the challenging position the organisation needs to clearly set out its plan and deliverables for the organisation for this current financial plan as soon as possible*
- *Further work is required on understanding the cost drivers for the deterioration in the organisations position with an exploration of opportunities to mitigate and deliver changes to impact on the forecast cost growth*
- *Colleagues confirmed my direction that all recovery allocations must be deployed in full on recovery actions and activity, or this funding would need to be returned and re-directed to support other pressing recovery priorities. This will result in further work being required to the organisations current recovery plans.*
- *There is an opportunity for further refinement and reduction to the organisations COVID costs forecast given further recent Welsh Government guidance and the evolving nature of the ongoing COVID-19 response*
- *Further work is required at pace on the organisations in-year savings plans. It would also be helpful for the organisation to maintain and share comprehensive opportunities log so there is visibility to the opportunities the organisation is pursuing and whether these are short-term and likely to impact on the in-year financial position or longer-term in nature*

Whilst the revised Plan seeks to address the issues raised in this feedback, the Health Board remains committed to our six Strategic Objectives and their aligned Planning Objectives (currently numbering 75). Therefore, the draft plan continues to be structured under these six Objectives, namely:

- SO1 : Putting people at the heart of everything we do
- SO2 : Working together to be the best we can be
- SO3 : Striving to deliver and develop excellent services
- SO4 : The best health and wellbeing for our communities
- SO5 : Safe, sustainable, accessible, and kind care
- SO6 : Sustainable use of resources

This set of Strategic and Planning Objectives:

- Provides clarity about our priorities
- Provides a steer as to how work should be planned, informing our planning cycle
- Allows the Board to measure whether progress is being made

The further development of the Plan has also been guided by discussion through the Executive Team; Board Seminars and Board. The work has led the Health Board to conclude it will not be in a position to submit a balanced financial plan during 2022/23 and therefore the updated Plan will remain an annual plan set in a three year context, rather than an IMTP. The updated Plan was submitted in draft form to Welsh Government on 8th July 2022, noting that this was subject to consideration at the Public Board meeting on 28th July 2022.

The major changes to the Plan from the draft version Board approved in March 2022 are:

- Clearer alignment between ministerial priorities; ministerial measures; HDdUHB priorities and Strategic Objectives (page 4)
- Our revised 8 key improvement measures for 2022/23 which aims to help track key measures through our Integrated Performance Assurance Report (IPAR) (page 8)
- Our approach to our Target Operating Model, which aims to help us deliver Better Quality services, Equitable Access to services and financial sustainability (page 12)
- An update to our 10-year workforce strategy to provide clearer roadmap to workforce sustainability (pages 14 and 15)
- Update on our Bed Plan with regards to capacity and demand (page 32)
- Milestones for the delivery of our Planned Care plan (pages 33-34)
- Updates on our Urgent and Emergency Care model and the alignment to the 6 national policy goals (page 38)
- Revision of our Financial Plan including our financial forecast and a review of our COVID versus our non-COVID costs (pages 51 to 53)
- Updated Planning Objective information (where needed) and Plans on a Page

This has been guided by both an internal review of the draft Plan and feedback from WG, the Delivery Unit and the Financial Delivery Unit. In order to meet WG requirements, clear sign-posting has been included within the document.

Additionally, we are required to submit a set of standardised WG templates, Minimum Data Sets (MDS) detailing, for example, core activity; finance and workforce, at Health Board level. WG have indicated that 'The MDS supports strategic planning and is not a performance management tool. The intention is to analyse and share the strategic information to inform your commissioning and to help inform national, local and regional planning and decision making.'

HDdUHB recognises that there are risks associated with the delivery of the Plan it has set out for 2022/23. The most significant risks and mitigations, in respect of its ongoing COVID response and recovery plans, have been outlined throughout the plan and the University Health Board will, through its governance structures, monitor delivery of the plan and that actions are taken to ensure that risks are appropriately managed. The Plan has been developed in the full knowledge of these risks, and the University Health Board is also cognisant that there are some key uncertainties that are out of its control, such as the impact that a new variant may have on its COVID response and recovery plans.

Corporate and Clinical Directorates and Services are responsible for ensuring risks to achieving their objectives, delivering a safe and effective service and compliance with legislation and standards, are identified, assessed and managed to an acceptable level, i.e. within the Board's agreed risk tolerance. These are reported through the Committee Structure to provide assurance that risks are being managed effectively and efficiently.

Argymhelliad / Recommendation

The Board is asked to:
- **APPROVE** the Integrated Annual plan, as submitted in draft form to Welsh Government on 8th July 2022;
- **NOTE** the current set of Planning Objectives for 2022/23.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Board Seminar Strategic Development and Operational Delivery Committee For Planning Objectives – Individual Committees responsible for the assurance of those Planning Objectives aligned to them

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	This is a key component in the delivery of the Integrated three year plan for the period 2022/25
Ansawdd / Gofal Claf: **Quality / Patient Care:**	This is a key component in the delivery of the Integrated three year plan for the period 2022/25
Gweithlu: **Workforce:**	This is a key component in the delivery of the Integrated three year plan for the period 2022/25
Risg: **Risk:**	Risks will be assessed as part of the ongoing process of both the development of the 2022/25 Plan and its subsequent monitoring
Cyfreithiol: **Legal:**	As above

Enw Da: Reputational:	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

Hywel Dda University Health Board Three Year Plan 2022/25

This document identifies the priorities and actions required over the next three years to deliver our strategy "*A Healthier Mid and West Wales*". It builds upon previous years' plans, updated to reflect the progress made, new ideas and feedback from staff, patients and partners.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Foreword

The success of our vaccination programme has altered the course of the COVID-19 (COVID) pandemic and offers our communities and workforce the hope of returning to a more normal way of life. Nonetheless we remain in a pandemic, and it continues to affect individuals and the delivery of healthcare. Access to a wide range of services has been constrained over the past two years, resulting in delays in treatment and care within our Health Board and we are all too aware of the impact this has had on our patients and clinical teams. What our staff has accomplished over the last 24 months has been nothing short of remarkable, and whilst it remains unclear what the future holds, we must assume that COVID will be with us for the foreseeable future even if it is not at the levels previously seen. A key priority for us therefore is to continue to support our staff at a time many are exhausted, and the future is uncertain.

We must also begin to move forward, adjust to the 'new normal' and begin to address the significant issues we face, particularly with regards the unprecedented backlogs for services that COVID has created. Our recently submitted Programme Business Case, in support of our strategy 'A Healthier Mid and West Wales', offers hope and a vision for the future, focussed on a social model for health and care closer to home. The past two years has demonstrated that our plans need to be dynamic and responsive to a changing environment. This document sets out the direction of travel in a broad range of areas as we seek to respond to COVID, address backlogs and unmet health need, make strides towards our strategy and continue to put people at the heart of what we do.

Through the pandemic our organisation has demonstrated great resilience and invention. We must apply this now to the challenge of recovery and charting a course towards achieving our strategy, including addressing the sustainability issues we have with workforce and finances. The challenges are great, but our Health Board is well placed to respond to them, in collaboration with our partners. We have a clear strategy, and our strategic and planning objectives provide us with a route map to delivering our vision. Most importantly we have wonderful people and the right culture. We look forward to working with you to deliver this plan and building kind and healthy places to live and work in Mid and West Wales.

Maria Battle
Chair

Steve Moore
Chief Executive

Contents

How to read this plan

This three-year plan for 2022/25 sets out the key priorities we will focus on over the life of this plan. It builds on what has already been achieved and provides the greatest opportunities to move further forward with our strategy – A Healthier Mid and West Wales in the COVID-19 recovery / adapting environment.

There are a series of policy / legislative drivers, including, A Healthier Wales; the National Clinical Framework; A Healthier Mid and West Wales; and Foundational Economy. These are inherent in all that we are developing and implementing, and as such we do not have separate sections on them.

Our plan is designed to capture our core intentions, give clarity on our priorities, be clear about how we are dealing with the incredibly difficult task of resuming 'normal' business in the context of the ongoing pandemic, and the direct and indirect harms of COVID-19 on the health and wellbeing of our population.

Planning is a dynamic activity, and no single document can capture all that we are doing as a University Health Board, therefore this plan should be read alongside a range of plans and the annexes that accompany it including the Minimum Dataset.

The focus of our plan is built around our 6 key priorities for 2022/23, which incorporate both COVID response and recovery and delivering a roadmap to service, workforce and financial sustainability in line with our strategic direction:

Covid response · Planned Care Recovery · Workforce Sustainability Roadmap · Financial Sustainability Roadmap · Urgent and Emergency care · Integrated Localities · **2022/23 Priorities**

Introduction

The COVID-19 pandemic has created unprecedented pressures for the NHS and each phase has brought new and unique challenges. This current period is in some ways the most difficult to date as we look to respond to the legacy of the pandemic.

The emergence of Omicron and the success of the vaccination programme means, despite high levels of COVID within our communities, society is transitioning back to near-normal. Similarly, the health service is planning to rapidly unwind many of the additional measures put in place for COVID and return, as much as possible, to 'business-as-normal' operating. However the impact on the workforce of the NHS has been profound and many aspects of the COVID measures were addressing recognised deficiencies; therefore returning entirely to pre-COVID arrangements would be both unrealistic and undesirable. At the same time the World continues to contend with a pandemic and the possibility remains that a new variant will emerge which will reverse the progress made to date. Consequently the NHS needs to have robust plans in place to respond to such a scenario, whilst recognising that this is worst-case and therefore should not constrain our restoration and recovery plans.

Beyond the direct response to COVID we know that the impact of the two-year pandemic on health care provision and the willingness of the public to access services has left an enormous legacy of unmet health need. Waiting times are at their highest since records began and yet we estimate that is potentially only a third of the backlog as referrals have also reduced substantially. Furthermore the wider impacts of the pandemic on the economy, education and the mental health of the population are anticipated to leave a lasting impact on the health of our communities and the determinants of health.

Finally, the singular focus on responding to a pandemic, meant the NHS could not identify and deliver savings and efficiencies in the way it would normally. As a result we now face significant financial challenges as the funding for COVID response is curtailed and we have to make up for the lost time of the past two years.

Nonetheless, despite these challenges, we are optimistic for the future. The University Health Board has a clear strategic direction and work has continued through the pandemic to realise these ambitions. The Programme Business Case for "*A Healthier Mid and West Wales*" was submitted to Welsh Government on 1st February 2022 and sets out the investment and infrastructure requirements to secure World class and sustainable health services for the long-term. Our strategy, built on the principles of care closer to home and a shift to primary and preventative care, includes a set of design assumptions which articulate how services will improve to realise this vision. The pandemic has not only sharpened our focus on these but in some areas has accelerated our delivery (new outpatient models for example). We are currently undertaking our Land selection process under by 4 appraisal workstreams, namely: Technical; Clinical; Workforce; and Financial and Economic.

During COVID the University Health Board has also agreed its six Strategic Objectives and a wide-ranging set of Planning Objectives which provide the route map to reaching these goals. This is supported by a Board Assurance Framework and refreshed governance arrangements. On the back of responding to the pandemic, the University Health Board has renewed confidence that it is on the path towards this strategic vision and has the key ingredients in place to deliver it. We hope this will shortly be reflected in us achieving an approved Integrated Medium Term Plan (IMTP), which would be the first in the history of Hywel Dda University Health Board and an important step on our longer term journey.

That said, we have concluded that we are not yet in a position to submit an IMTP to Welsh Government; instead this document is a three-year plan which we intend will set the foundations for an in the future. We have reached this conclusion because of three factors, all associated with the timing of plans relative to the pandemic. Firstly, we believe we need to transition from a COVID response phase and unwind many of our COVID measures before we can be certain that we can return to near-normal operations and of the implications of this. Secondly, we need to make further progress with our savings plans to provide more assurance that we can set a course towards financial sustainability and, thirdly, we will need to agree this financial roadmap with Welsh Government.

Whilst it is disappointing that we are not able to submit an approvable IMTP at this stage, as we originally intended, we do believe this reflects a growing organisational maturity where we recognise the progress we have made and at the same time have a sound understanding of the areas where our plans require strengthening.

This three-year plan sets out an ambitious and deliverable set of actions to transition out of the pandemic and progress our journey towards our strategic vision, offering hope and optimism for our workforce and the communities we serve across Mid and West Wales. After the trials of the past two years they deserve nothing less.

Our Strategic and Planning Objectives

The University Health Board is clear on its long-term destination - articulated in our strategy "A Healthier Mid and West Wales" and reinforced in our recent Programme Business Case. Reaching that destination requires progress across a number of domains, which we have termed *Strategic Objectives*. These Strategic Objectives relate to both our people (staff, service users and communities) and our services. Our plan sets out the specific actions, termed *Planning Objectives* (POs), we are taking to make progress in each of these domains. In this way we remain focused on our strategic direction and ensure our day-to-day activities are explicitly aligned, and contributing to, our strategic direction. This approach has been used by the University Health Board for the past 18 months and is now well embedded into our business practices. Each Planning Objective is led by an Executive Director and aligned to a committee of the Board, with regular update reports. Our *Board Assurance Framework* (see page 52) tracks progress and the impact of these actions on our *Strategic Outcomes Measures (*see page 8*)*.

The University Health Boards approach to planning now revolves around these Strategic and Planning objectives, with a systematic review of the Planning Objectives a critical aspect of the organisation's planning cycle. In the development of this plan the University Health Board has undertaken this review, with many POs completed and updated and others revised. Our Board formally signs-off all Planning Objectives and they are not altered or removed without Board approval, demonstrating our openness and accountability to the population we serve.

The development of Planning Objectives takes account of a range of factors, including: our risks and performance, the Minister's priorities, Welsh Government policies and legislation, and work in support of our strategy.

Inevitably, this document is structured around our Strategic Objectives with the Planning Objectives forming most of the content. Under each we set out our current position, the key deliverables and the relationship to our risk and assurance framework.

Contextual alignment

The table below provides an overview in relation to how our Strategic Objectives align to the ministerial priorities and measures. Navigation is given in relation to where you can find the relevant information within this document:

Ministerial priorities	Ministerial measures	1: Putting people at the heart of everything we do	2: Working together to be best we can be	3: Striving to deliver and develop excellent services	4: The best health and wellbeing for our communities	5: Safe, sustainable, accessible & kind care	6: Sustainable Use of Resources	Alignment to Hywel Dda's 2022/23 6 Priority Areas	Section in the Plan
COVID-19 Response	COVID-19 Challenges			✓	✓			COVID Response	4
NHS Recovery	Access to timely planned care / 6 Goals of Urgent and Emergency Care	✓		✓	✓	✓		Planned Care Recovery/ Urgent and Emergency Care	3
Working alongside social care	Care closer to home		✓		✓	✓		Integrated Localities	5
A Healthier Wales			✓		✓	✓		All	
NHS finance and managing within resources	Economy and Environment						✓	Financial Sustainability Roadmap	6
Mental Health and emotional wellbeing	Mental Health				✓	✓		Integrated localities (Mental Health measure)	5
Supporting the health and care workforce	Workforce	✓	✓	✓	✓	✓	✓	Workforce Sustainability Roadmap	1
Population Health	Population health				✓	✓		All	4
	Infection prevention and control				✓	✓		COVID Response Urgent and Emergency Care	3
	Digital and Technology	✓		✓		✓		All	5 and 6

Reflections on 2021/22

In moving forward into 2022/23, we must not forget what we have learnt over the last 12 months, nor forget what we have continued to deliver or the advancements that we have made. This does not simply relate to how we responded to the direct challenges of the changing variants and successive waves of COVID-19, or the wider impact on the last two years on our population. It has also provided an opportunity to show that the University Health Board can be flexible, can move quickly to change; and can respond to situations as they arise – examples include the support for the Penally centre and how we intend to respond to the emerging Ukrainian crisis.

The past 12 months have seen increasing demand across our urgent care and our planned care systems, increased pressure on primary care services, high walk-in demand at our emergency departments, significant pressures in social care and high levels of sickness across our workforce. This is in the context of restarting many routine services despite continued constraints on capacity.

We are proud of the way in which our staff have responded showing resilience, bravery, dynamism, resourcefulness, and great skills over the last two years.

Our COVID Vaccination Programme:
Faced with the biggest contribution to population health in decades, we have delivered the largest Vaccination Programme through unprecedented challenges. Challenges due to changes to policy and supply of vaccines and the competing demands of accelerated COVID transmission and increased pressures across the NHS system.

In 2021/22 our COVID vaccination programme protected those who were at most risk from serious illness or death from COVID and delivered the vaccine to them , and to those who were at risk of transmitting infection. Based on the advice from the Joint Committee on Vaccination and Immunisation (JCVI), the University Health Board reached all its population in priority groups 1-9 by mid-April 2021, with a first dose, and completed a second dose vaccination where due. We offered vaccination to the rest of the eligible adult population according to the Joint Committee guidance by the end of July 2021.

Test, Trace, Protect:
Contact tracing was undertaken regionally on a county basis. The University Health Board provided leadership and direct support to the Regional Response Cell for coordination of the RRC and to support contact tracing within hospitals. In addition, there has been the ongoing work of the Infection Prevention and Control teams in both the hospital and community.

Planned Care Capacity – Prince Philip Day Surgery Unit:
As a direct consequence of the COVID-19 pandemic, the volume of patients recorded on waiting lists awaiting access to surgery represents the highest ever reported figure. In response to this the Health Board has, supported by Welsh Government, rapidly constructed a new £20m Day Surgery Unit at Prince Philip Hospital. The Unit has been designed in line with current COVID-19 guidelines and being an independent modular unit, creates a COVID-19 green environment that can maximise throughput of patients. The Unit has two Laminar Flow Theatres and will be utilised to treat a range of day case procedures, in Orthopaedics and General Surgery in particular. The unit is due to be operational from August and activity levels increased through the summer/autumn , providing around 4000 procedures per year once fully utilised, such that we will return to pre-COVID activity levels by December 2022.

Much of what we do as an organisation has centred on our Planning Objectives, key amongst the outcomes of this work has included:
- Development of our Board Assurance Framework
- Submission of our Programme Business case for A Healthier Mid and West Wales to Welsh Government
- Ensured a process of continuous engagement with our population with regards to A Healthier Mid and West Wales
- Development of our decarbonisation agenda including the installation of a solar farm in Carmarthen and photovoltaic panels at Bronglais
- Extended our work around Value Based Healthcare and Foundational Economy
- Achieved the Gold level for the Defence Employers Recognition scheme
- Expanded our COVID Command Centre and introduced a therapies led service to support people with Long COVID
- Launched the Hywel Dda Health Charities public lottery scheme
- Increased support to our carers; our Homeless and Vulnerable Groups; and our Armed Forces
- Conducted a second 'Discovery' phase of the pandemic learning to understand more about staff experience so that approaches to rest, recovery and recuperation can be shaped
- Strengthened our regional planning relationship
- We have developed community Same Day COVID Care, and undertaken significant work on admissions avoidance with our community / social care colleagues

These pieces work will help us set the next priority areas for us to consider as a University Health Board over the next year

Other substantial developments across the University Health Board over the last year have included:
- First Health Board in Wales to go-live with the Mental Health Single Point of Contact via the 111 service.
- Opening of the Special Care Baby Unit at Glangwili
- Introduction of our Enhanced Bridging Service
- Launched the 6 goals of our Urgent and Emergency Care programme
- Introduced a new CT scanner into Glangwili and replaced our MRI scanner in Withybush
- Received a Silver award from Stonewall in recognition of our commitment to inclusion of lesbian, gay, bi, trans and queer people in the workplace
- Development of the Carmarthen Hwb with local partners
- Significant advancement with partners in the Pentre Awel development
- Submitted our Outline Business Case to Welsh Government for our Cross Hands Wellbeing Centre
- Completed the multi-million pound refurbishments of cancer care wards in Withybush
- Expanded online access to information for our population through platforms such as DrDoctor and Patient Knows Best
- Developed a Palliative and End of Life Care Strategy – the first of its kind in Wales
- Strengthened our 'care closer to home' approach with our social care colleagues to reduce conveyance and admission rates and implementing Discharge to Recover and Assess pathways

Our Strategic Direction - *A Healthier Mid & West Wales*

Following extensive staff and public engagement and consultation we published in 2018 our long-term Health and Care strategy: "*A Healthier Mid & West Wales*" (AHMWW). The strategy describes a whole system approach to health and wellbeing and places significant emphasis on placing people and communities at the heart of the model and therefore the vital role community networks will play in achieving the required transformation. The future design aims to create a sustainable healthcare system for the future, built on a "*social model of health and wellbeing*", requiring a shift from a focus on hospital-based care to one on wellness and prevention where care is provided closer to home through enhanced community models.

The future model of care will have a network of integrated community hubs (health and well-being centres), developed in conjunction with our public sector and third sector partners, supporting well-being and the health and social care needs for physical and mental health for our communities. Each of the seven integrated community networks will be supported by one or more health and well-being centre which will bring people and services together in one place and provide virtual links between the population and the community network. Multidisciplinary teams and the wider networks will wrap around individuals and families.

The future service model includes a new Urgent and Planned Care Hospital in the south of the region which will operate as the main hospital site for Hywel Dda. It will offer a centralised model for all specialist children and adult services and be supported by a network of hospitals and community hubs which will provide more locality-based care:
- Urgent and Planned Care Hospital (located between Narbeth and St Clears in the South of the region)
- Bronglais General Hospital in Aberystwyth;
- Prince Philip General Hospital in Llanelli;
- Glangwili Community Hospital in Carmarthen; Withybush Community Hospital in Haverfordwest;
- A number of locally based community hubs.

We have recently submitted our Programme Business Case (PBC) to Welsh Government for consideration. This PBC is the crystallisation of a very long period of discussion and a further stage in our long-term journey. Our objective is to reach submission of Full Business Case stage across all elements of our Programme by March 2026, which we hope this PBC brings closer. This timeline will enable us to deliver improvements to our populations as soon as possible, and progress at pace to align with the decarbonisation target.

This is only one part of wider transformation across the organisation. Programme and project management support is provided for key change and transformation programmes, aligned to the Health Board's strategic and planning objectives. These are the building blocks that help us achieve our long-term health and care strategy. Our transformation work programme is centred around four domains:
- Transforming population health and wellbeing: this includes projects (e.g. social prescribing) that support our long term shift towards a Social Model for Health and Wellbeing, and prevention and early intervention in relation to health and wellbeing
- Transforming our current clinical services: our current focus is on supporting our Urgent and Emergency Care programme, and projects to support our recovery from the impact of the pandemic
- Transforming our future models of care: our focus on the transformation of clinical pathways, particularly those that impact on our future acute and community models and associated business cases
- Transforming the way we work: projects supporting the Agile Working and Decarbonisation programmes of work, as well as providing general support on good practice in relation to programme and project management, along with templates and toolkits

Our Design Assumptions

In the development of our Health and Care Strategy we identified a set of *Strategic Design Assumptions*. These provide a quantification of the change we are seeking to deliver and have been used to support our long-term activity modelling. They also act as an important 'currency' for our strategic journey, connecting how services are currently operating today and where we would like them to be, thus enabling us to track progress on our path towards delivering our strategic vision.
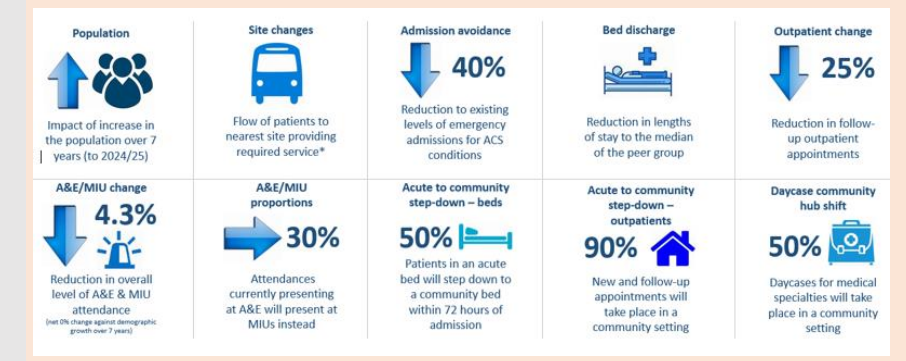
Our Strategic Journey

There is an obvious and strong connection between our Health and Care Strategy and this three-year plan. As noted previously our Planning Objectives, detailed in this document, set out the actions we are taking today to both improve services and to build towards our strategy and deliver our Strategic Objectives. Our design assumptions, the Board Assurance Framework, our Strategic Outcome Measures all contribute to connecting our daily activities with making our strategic vision a reality, which in turn will deliver our Strategic Objectives, which ultimately will deliver our mission to "build kind and healthy places to live and work in Mid and West Wales".

The Context to our Plan

Understanding our Population

In the last two decades, there has been a steady rise in the number of people over the age of 65 years - those over the age of 65 currently comprise a quarter of the University Health Board's population and projections suggest that this will rise to 31.4% by 2043. In particular, the number of the very elderly (85+ years) will increase by 6%. The increase in the number of older people is likely to lead to a rise in the prevalence of chronic conditions such as circulatory and respiratory diseases and cancers.

We anticipate that frailty will become increasingly important in Hywel Dda over the next 10 years and is projected to increase by 4% per annum if we continue to apply the same operating model, i.e if we do nothing. Dementia, diabetes, obesity and chronic conditions also represent a large and increasing proportion of our unscheduled care work. For example, the number of people aged 65+ in Hywel Dda with dementia in 2020 was 6,884. This is expected to increase by 31.0% to 9,020 in 2030, and 62.8% to 11,210 in 2040.

Our key demographics show that:
- By 2025 the population of Hywel Dda will have increased to circa 390,000 people
- We have a higher proportion of older people than average across Wales
- 22% of our population is children and young people, but nearly a third of them live in poverty
- The number of people with a range of conditions including but not limited to mental health; health and physical disabilities, and age-related impairments such as sensory loss are increasing.

We are cognisant that we are a large anchor institution for West Wales and we have the ability to affect positive change on the economy and our communities including their wider determinants of health. We have a number of Planning Objectives aligned to this work in key areas such as workforce, procurement and decarbonisation.

In order to support the work within those areas, we felt that it would be helpful to develop a map which enables the user to layer different data sets on top of various publically available deprivation indices (e.g. Welsh Index of Multiple Deprivation) and locations of key services (e.g. GPs, pharmacies). We also wanted to have the ability to add in additional data sets such as our estate, procurement spend and recruitment information.

COVID has had a significant impact on our population by for example, increasing isolation especially for older people and those who are carers, exacerbating mental health conditions, restricted the access to wider support networks and services, and increased the incidences of Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV)

National Priorities

Ministerial Priorities / Outcome Measures
We have illustrated our deliverables so that there the is easy alignment to the 8 Ministerial Priorities and the Ministerial Outcome Measures (Phase 1)

National Clinical Framework
The Framework sets out a vision for the strategic, regional and local development of NHS Wales Clinical Services. We are engaging with the National Programme to develop holistic pathways of care, service innovations and quality statements as we transform services locally. .

Wellbeing
We have continued to develop our Wellbeing Objectives
Workforce planning and development
- Develop a skilled and flexible workforce to meet the changing needs of the modern NHS.
- Offer a diverse range of employment opportunities which support people to fulfil their potential.
Environment and climate change
- Plan and deliver services to increase our contribution to low carbon.
- Promote the natural environment and capacity to adapt to climate change.
Early intervention and prevention
- Improve population health through prevention and early intervention, supporting people to live happy and healthy lives.
- Plan and deliver services to enable people to participate in social and green solutions for health. Encouraging community participation through the medium of Welsh
Collaboration, involvement and integration
- Transform our communities through collaboration with people, communities and partners.
- Contribute to global well-being through developing international networks and sharing of expertise.

Urgent and Emergency Care (UEC)
- To provide our population with 24/7 access to Urgent and Emergency Care at the Right Place, Right Time – First Time through implementation of the 6 UEC Policy Goals, and to enhance outcomes for our population following a UEC episode of care

Foundational Economy
We understand our role as a anchor organisation, and as such we aim to positively impact both the local and Welsh economies

Sustainability of Service

The University Health Board covers one-quarter of the area of Wales, is largely rural and therefore the geography presents significant challenges. A feature of this is our four small to medium-sized acute hospitals, each with its own medical take, and three Emergency Units plus a busy 24/7 Minor Injury Unit. No other part of Wales has a higher number of acute sites per capita.

The inevitable consequence of this is duplication, a diluted workforce, non-compliance with modern standards and fragile services. Equally the lack of scale on any of our hospital sites makes it difficult to develop new service models which could benefit our population. This reality is fundamental to our strategy and drives some of our current challenges, in particular several fragile services, our financial deficit, our workforce deficit of circa 970 whole time equivalents and our ageing estate (over 40% of our estate is over 50 years old). The pandemic has brought further challenges to service provision, for example:
- Over 30,000 patients waiting over 36 weeks for treatment and 66,000 waiting for a follow up out patient appointment
- Over the last year our average length of stay has increased to nearly 9 days and nearly 13 days for the over 75 year olds
- Ambulances are waiting too long at A&E and our patients are waiting too long to be seen
- Deterioration in the timeliness of child mental health services

COVID Scenarios and Assumptions

The Virus
- Will persist and continue to cause a level of disruption (illness, hospitalisation etc)
- New variants will emerge
- Default assumption is Omicron (or similar variant) will remain prevalent

Government Policy
- Vaccine programme required for next three years
- Welsh Government will change alert level in line with the COVID control plan
- The University Health Board will need to provide a testing service in line with Welsh Government guidance
- IP&C requirements revert to business as usual

Impact on NHS
- Likelihood of 1-2 waves per year lasting multiple months
- Impact of further COVID waves should reduce over time
- Whilst incidence will vary, severity of disease will remain equivalent to that of Omicron

Level	Description	Situation
0	COVID eliminated	COVID exists but rarely seen
1	COVID Stable - Low	Low level community spread, equivalent to levels of summer 2021, and lower severity (Omicron variant)
2	COVID Stable - High	Approximates to levels of COVID seen over last 6 months
3	Urgent COVID	Extremely high level of COVID etc.

Key Improvement Measures for 2022/23

In our Plan, we have identified six priorities to be delivered for 2022/23. These span immediate service issues and aspects fundamental to delivering our strategy. For each of these priorities, we will consider how we will measure progress. We have identified some measures below and further work will be undertaken with our operational teams to assign additional measures per priority, to ensure that the measures enable us to assess whether the action we are taking in relation to our six priorities is having the desired impact on our performance. These measures will be closely tracked through 2022/23 and will be reported monthly through our IPAR. WG are very focussed on the new Ministerial Measures, and therefore we have aligned our measures, where feasible to these Ministerial measures.

Alignment with the 'must do' planning objectives	COVID Response	Planned Care Recovery	Integrated localities		Urgent and emergency care	Staff vacancies	Staff engagement	Finance
			Community Care	Mental Health				
Rationale	COVID-19 vaccination is key in reducing the spread of the virus and the risk of becoming seriously ill.	During the pandemic our waiting lists have grown considerably. We know this is of great concern to our public and affects the quality of life for those waiting.	Providing care closer to home is a key aspect of our strategy. A strong and integrated community team is key to achieving this aim.	The demand for children's mental health services has increased during the pandemic, with an estimated 1 in 6 children now having a probable mental disorder	Extended hospital stays can result in patients experiencing muscle loss and deconditioning. The risk of catching an infection also increases.	Our Nurses provide exceptional care and treatment for our patients. They are vital to our recovery. We are committed to recruiting and retaining nurses.	The opinion of our staff matters. Throughout 2022/23 we will be surveying 1,000 staff members each month to seek their views.	All health boards in Wales have a statutory requirement to break-even.
Executive Team Key Improvement Metric	Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents by health board*	In 2022/23 we will reduce the number of patients waiting more than 104 weeks for referral to treatment in line with our improvement trajectory*	Work is underway to identify a suitable improvement measure for community nursing. We aim to agree a measure and report on it in our IPAR in October 2022	In 2022/23 we will increase the proportion of children and young people (aged under 18) receiving a mental health assessment within 28 days*	In 2022/23 we will reduce the number of people admitted as an emergency who remain in an acute or community hospital more than 21 days*	We will increase the number of nurses and midwives we have in post by 3%	Throughout 2022/23 we aim to increase the number of staff reporting through our surveys that they feel engaged and satisfied in their role. The aim is a score of 3.8 out of 5*	We will reduce our in-year and underlying financial deficit from our plan resubmission

The measures above are aligned to our priorities for 2022/23. The infographic shows the topic area, the measure and the rationale.

* This shows that the measure is also a Ministerial Measure

A plan on a page – Our key deliverables for 2022/23

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Plan Section	Ministerial priority and aligned ministerial measures	Hywel Dda 6 Priority Areas 2022/23	Key Deliverables and Milestones	Q1	Q2	Q3	Q4
Our ongoing response to COVID							
Single Point of Contact	NHS Recovery	Planned care recovery	Develop the COVID Command Centre into a Communication Hub that provides a single point of contact and response mechanism to support staff and patients, including those waiting for elective care			✓	
Continued vaccination programme	COVID Response & COVID measures	COVID Response	Our vaccination plan for delivery during 2022/23 is to ensure we are leaving no-one behind and we continue to offer vaccines to all our eligible population who have not completed their course or have never come forward	✓	✓		
Strategic Objective 1: Putting people at the heart of everything we do							
Personalised Care for Patients Waiting	NHS Recovery	Planned care recovery	All existing elective care patients offered access to Waiting List Support			✓	
'Making a Difference' Customer Service Programme	Supporting the health and care workforce & workforce measures	Workforce sustainability roadmap	Deliver Customer Service Training programme pilot, including a full evaluation				✓
HR Offer (induction, policies, employee relations, access to training)	Supporting the health and care workforce & workforce measures		Develop guidance to support colleagues to develop resources for use within the induction programme	✓			
Strategic Objective 2: Working together to be best we can be							
Carers	Working alongside social care	Workforce sustainability roadmap	Deliver bi-annual update reports to provide assurance that the Health Board actions is progressing actions to improve outcomes for unpaid Carers, aligned to the priorities of the regional Carers Strategy			✓	
Charitable funds	A Healthier Wales		• Capital Fundraising for Chemotherapy Unit at Bronglais General Hospital and access funding for construction of Hydrotherapy pool at Pentre Awel • Strengthen processes for gathering information and reporting the health board's action and progress against the Armed Forces Covenant and the requirements of the Duty			✓	✓
Staff Engagement Strategic Plan	Supporting the health and care workforce & workforce measures		Establish a Task & Finish Group for the nursing retention work with Terms of Reference and key membership. This is aimed to reduce nursing turnover by 1% by April 2023.	✓			
Leadership Development & Programmes	Supporting the health and care workforce & workforce measures		• Internal Coaching Network 3 Cohorts • An adequate supply of capable leaders is available to meet leadership requirements from B7 to Executive level with key posts able to be filled			✓	✓
Strategic Objective 3: Striving to deliver and develop excellent services							
Improving Together & the Quality Management System	NHS Recovery	Planned Care recovery	• Development of Health Board Policies and Procedures relating to Effective Clinical Practice • Develop a Delivery Plan for the Effective Clinical Practice Strategic Plan				✓
Communication Strategy	A Healthier Wales		Communication plans both strategic and tactical to be developed and tested as part of Emergency response to incidents.			✓	
Accelerated Cluster Design	Working alongside social care; NHS Recovery	Integrated Locality Planning	Use Pan Cluster Planning Group response to Regional Population Needs Assessments [RPNAs] & 3 year plans to inform our 2023/26 IMTP				✓

A plan on a page – Our key deliverables for 2022/23

| Plan Section	Ministerial Priority	Hywel Dda 6 Priority Areas 2022/23	Key Deliverables and Milestones	Q1	Q2	Q3	Q4
Strategic Objective 4: The best health and wellbeing for our communities							
Ongoing engagement with our population	NHS Recovery	Planned care recovery	Agree a process for monitoring and evaluating continuous engagement with seldom heard groups and individuals with protected characteristics		✓		
Supporting carers	Working alongside social care		The Health Board will contribute to establishing a Health and Social Carer Regional Integration Fund plan which will be approved through the Regional Partnership Board.		✓		
Screening	Population Health	COVID response	Establish a core Tuberculosis service capable of responding to outbreaks and incidents and with increased screening capacity				✓
Wellbeing Plans	Population Health	COVID response	In collaboration with the Public Service Boards, develop well-being objectives that respond to the needs identified in the Well-being Assessment to include in the Well-being Plan				✓
Homebased Bridging Service	NHS Recovery	Integrated Locality Planning; Planned care recovery / Urgent and Emergency Care	Criteria for the proposed service implemented			✓	
Strategic Objective 5: Safe, Sustainable, equitable & kind care							
Bronglais Strategy	Working alongside social care	Working alongside social care; Planned Care; Urgent and Emergency Care; Workforce sustainability roadmap	At Bronglais develop a whole system multi-disciplinary plan for frailty pathway to include community based frailty step down reablement/rehabilitation capacity			✓	
Planned Care Recovery	NHS Recovery & planned care measures	Planned care recovery	Opening of the new Day Surgery Unit at Prince Philip			✓	
Transforming Mental Health & Learning Disabilities Implementation	Mental Health & Wellbeing & mental health measures		Fully implement the Mental Health Single Point of Contact via the National 111 Service 24/7.	✓		✓	
Integrated Locality Planning	Working alongside social care	Integrated Locality Planning	ILP Groups to produce a County-wide Integrated Locality Plan based on Cluster feedback and in response to information on priorities and development opportunities			✓	
6 Goals Urgent Emergency Care	NHS Recovery and Working alongside social care	Urgent and Emergency Care	Launch of the Hywel Dda 6 Goals Urgent Emergency Care Programme	✓			
Strategic Objective 6: Sustainable Use of Resources							
Value Based Healthcare	NHS finance and managing within resources & digital and technology measures	Roadmap to financial sustainability	Continue the rollout of the Value Based Healthcare Education Programme 'Bringing Value to Life', delivering to two cohorts per year.				✓
Supply Chain Analysis	NHS finance and managing within resources & economy and environment measures		Identify alternative sources of single use products to ensure reuse, recycling or other sustainable methods of usage	✓			

Ongoing Response to COVID
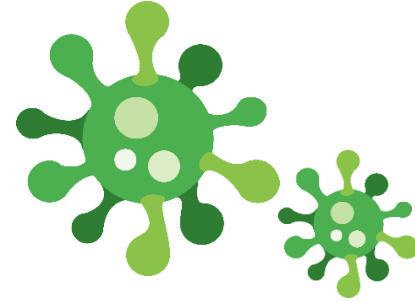
A number of **'Gold command instructions'** are also referred to within the Plan. These are operational instructions provided by our command and control structure at the highest level (Gold level).

Gold Commands

Gold Command	Description
1	Sufficient bed capacity including field and community hospital settings
2	To continue to deliver the local Mass Vaccination Programme Delivery Plan in accordance with the milestones and requirements set out by Welsh Government.
3	Continue to deliver the local Testing Plan in accordance with the latest Welsh Government requirements.
4	continue to support and provide regional co-ordination to the Test, Trace and Protect service across the 3 counties of Hywel Dda.

Our Key Deliverables

Our Key Deliverables/Milestones	Q1	Q2	Q3	Q4	Ministerial Priorities	Hywel Dda Priority Areas 2022/23
GC#2 Mass vaccinations – continuation of roll-out		✓			On-going response to COVID	COVID Response
GC#2 Mass vaccinations – phase 4			✓			
GC#1 Bed Capacity – adherence with Welsh Government guidance	✓					

Gold Command 1
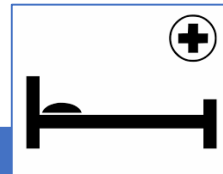
Bed Capacity

Given the potential for a further COVID surge no change has been made to this Gold command, which sets out a requirement for up to 945 beds to be provided to respond to future COVID waves.

During 2021/22 we had access to a number of field hospitals but, following the vaccination programme and our experience from earlier waves, these have now been decommissioned. Instead, if required, we can provide the 945 beds through increasing the number of beds available in community hospitals and the use of a step-down facility in a nursing home.

Our bed modelling assumptions are described in more detail under Strategic Objective 5, but the approach we are taking is In line with Welsh Government guidance such that our plan is primarily orientated towards a low COVID scenario (level 1) from April onwards.

Optimising bed capacity will also be dependent on our continued progress to optimise our Urgent and Emergency Care pathway reducing conveyance and conversion rates while enhancing our management of complex and frail inpatients to reduce bed day inefficiencies. This approach is outlined also under Strategic Objective 5

Gold Command 2

Mass Vaccinations

In 2022/23 we will continue to protect those who are at most risk from serious illness or death from COVID and deliver the vaccine to them, and to those who are at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment. This will continue to be achieve based on the advice from the Joint Committee on Vaccination and Immunisation (JCVI).

Our plan for delivery during 2022/23 is to ensure we are leaving no-one behind and we continue to offer vaccines to all our eligible population who have not completed their course or have never come forward. It is anticipated that the late part of quarter 1 and into quarter 2 will be a period used for this approach. We will continue to utilize the skills of our Vaccine Equity Group to ensure equitable access to the vaccine to vulnerable groups.

Looking ahead throughout the year we will be working alongside our national colleagues to plan for the delivery of Phase 4 of the Vaccination Programme. It is anticipated this will be delivered in quarter 3 and 4, however is subject to any further updates and intelligence of the virus and its variants. This planning phase will need to be delivered alongside other important vaccination programmes such an Influenza and any school aged immunisation programmes as we progress through each quarters.

Gold Commands 3 and 4

Testing, Test Trace Protect (TTP)

We will continue to provide a test, trace and protect service in line with Welsh Government requirements, pending confirmed funding arrangements. We have submitted costings to Welsh Government for Health Board managed testing as requested and are awaiting confirmation of population groups for testing.

The University Health Board testing infrastructure will need to expand beyond levels provided in 2021/22 as we are required to deliver testing previously been provided by the UK Government infrastructure. The requirement of tracing and protect services have not yet been mapped or costed as we are awaiting details from Welsh Government regarding requirements.

Target Operating Model (TOM)

In order to address the short term, focus we need to develop a "Target Operating Model" (TOM) by aligning our priorities, available resources and timescales. This will help us deliver Better Quality services, Equitable Access to services and financial sustainability. The current operating model is not delivering what is needed for the organisation or helping in our ambition to deliver an IMTP. The organisation needs to demonstrate to internal and external stakeholders that we understand and can respond to the scope of the challenge in order to retain credibility. We need to inspire others by having clear and detailed plans that are of a scale that is achievable for our operational teams.

The proposed approach is to convert the existing Operational Delivery and Planning Group to a dedicated TOM focus group where Senior Responsible Officers (SRO's) can discuss and develop their plans. This will help identify opportunities and accelerate the pace of change as expectation is high. The delivery plans need to contain key milestones, timescales and deliverables in order to maintain grip and control and demonstrate outputs. Our approach to recovery and sustainability of services is our TOM which is centred around our planned care recovery and Critical Care . Our strategy " A Healthier Mid and West Wales" is an integral part of helping achieve the TOM and in turn influences the areas we are focusing on. The Impact and Evaluation of these models of operating will be xxxxxxxxxxxx. The key priority areas are listed below along with their potential impact on operating costs and any savings/benefits.
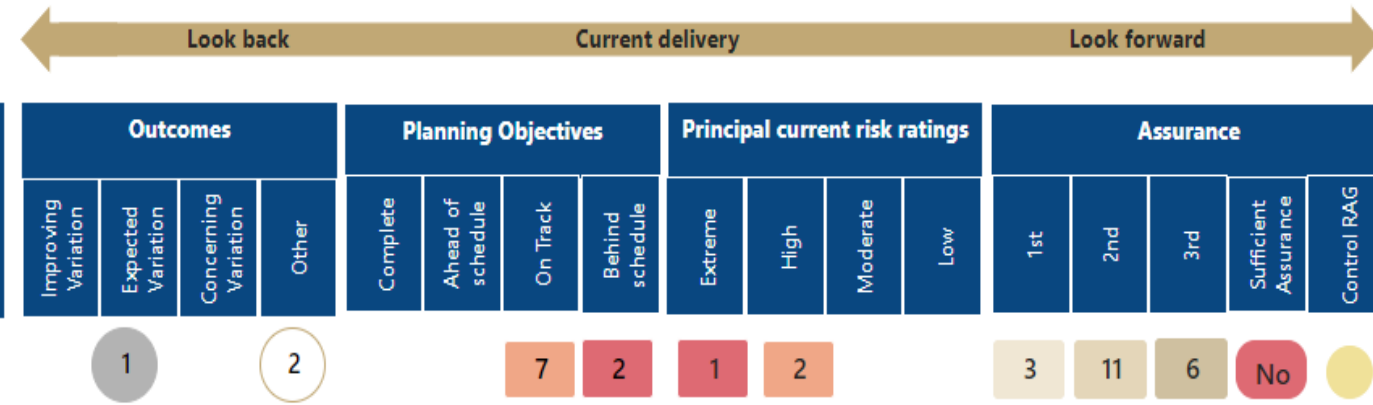
Urgent & Emergency Care	Scheduled Care	Critical Care	Mental Health and Learning Disabilities	Children and Young People	Other Areas
Same Day Emergency Care, caring for our frail population appropriately, ensuring good in-hospital care, and ensuring timely discharge	Commission new Day Surgery unit at Prince Philip Hospital and maximise utilisation of our existing estate, including theatre capacity such that we return to pre-COVID levels of activity by December 2022	Redesign Critical Care Pathways and Model in Carmarthenshire including transfer of all Level 3 care to Glangwili	Develop and Implement strategy for Learning Disability services including a review of existing inpatient model	Review Community paediatric services and agree a medium term plan to develop the service	Improving Communities Programme , Home based bridging , community clinics , social prescribing / social model for health and wellbeing
Appoint a Programme Director and Clinical Lead to lead the programme	Maximise the utilisation of SoS and Patient Initiated Follow-Up (PIFU)	Implement plans for PACU at Prince Philip, Withybush and Bronglais Hospitals	Review Continuing Healthcare costs and agree approach to funding placements going forward	Develop a plan for child psychology services	Accelerated Cluster Plans
Continue focus on front on front door turnaround actions to reduce conveyance and attendance, avoid admissions including alternative pathways, Patient Triage Assessment and Streaming, streaming hub, urgent primary care, Same Day Emergency Care and community wrap around services	Maximise Utilisation of ring-fenced beds	Establish Outreach teams at Bronglais and Prince Philip Hospitals	Value based healthcare redesign of pathways to address waiting times in CAHMS , Psychological therapies, and Neurodevelopment to ensure Mental Health Act targets are delivered	Joint plan between Women and Children and Mental Health and Learning Disabilities for Children and Adolescents (CAHMS) and Neurodevelopment	Bronglais Strategy Implementation
Redesign and Implement a new pathway for frailty that prevents admissions for 50%, turns around 25%within 72hours and works to a best practice max LOS of 7days	Develop a regional plan for dermatology, endoscopy, and neurology	Work with Swansea Bay to establish a West Wales Hub for ACCTS	Develop a robust accommodation plan that addresses the short and medium term issues that affect Mental Health & LD service delivery	Implement outcome of engagement exercise on paediatric inpatient model	
Review and redesign the community hospital model ,learning from "Seren" Field Hospital Ward model experience	Ensuring patients on waiting lists are kept informed and receive appropriate advice (Single Point of Contact)	Embed NIV pathways at ward levels, learning from COVID	Implement recommendations from independent review and redesign of Learning Disability Epilepsy services	Finalise 3 Year Plan for Children and Young People services	
Develop the concept of the virtual hospital and digital command centre to support aim of looking after as many people in their own homes as possible , scaling up the existing bridging care type models to manage health need	Implement Short Term Eye Care Pathways. Agree process and plan for medium term regional plan for cataract surgery	Develop and Implement a local plan for renal replacement therapy	Develop and Implement a workforce strategy that supports delivery of Transformation Mental Health a strategy for LD and the wider sustainability of mental health services		
VBHC supported redesign of ACS Pathway and Cardiology to address current challenges and current demand growth	Potential securing of surgical robot (and locate at Prince Philip)				
Overall Delivery of 150 to 200 bed equivalent capacity enabling a reduction in capacity across the Health Board					
Integrated Plan for resolving the social care capacity challenges					
Develop and implement the supporting workforce strategy					
Links to Improving Communities work					

STRATEGIC OBJECTIVE 1 – Putting people at the heart of everything we do

Planning Objectives (PO) covered in this section

PO	Description	PO	Description
1A	NHS Delivery Framework Targets	1B	Hywel Dda Health Hub – Single Point of Contact
1E	Personalised Care for People Waiting	1F	HR Offer (induction, policies, employee relations, access to training)
1G	OD Relationship Manager Rollout	1I	Family Liaison Service rollout
IH	'Making a Difference' Customer Service Programme		

Latest Board Assurance Framework (BAF) as of March 2022

For the latest position of the BAF please click on the following link
https://www.powerbi.com/view?r=eyJrIjoiYzg0NDdiMzAtYzE3Ni00ZjU0LWIyMjEtMzFiZWJjYjhlNzdmIiwidCI6ImJiNTYyOGI4LWUzMjgtNDA4Mi1hODU2LTQzM2M5ZWRjOGZhZSJ9

The purpose of the BAF Dashboard Report to the Board is to provide the Board with a visual representation of the progress against each strategic objective by showing:
- The current delivery against each planning objective aligned to the strategic objective;
- The current performance in respect of the agreed outcome measures for the strategic objective;
- The current principal risks identified which may affect achievement of the strategic objective; and
- The assurances in place to evidence the effectiveness of the management of the principal risks which threaten the successful achievement of its objectives.

In summary for this period, the BAF shows that:
- 1 of the 3 outcome measures is within expected variation; and 2 do not currently have enough data points to establish a statistical trend
- 7 of the 9 Planning Objectives are on track; and 2 are behind
- 2 of the risks are categorised as high; and 1 is extreme (attract, retain and develop staff with the right skills).

Our key deliverables for 2022/23

Our Key Deliverables/Milestones	Q1	Q2	Q3	Q4	Ministerial Priorities	Hywel Dda Priority Areas 2022/23
1E. All existing elective care patients offered access to Waiting List Support		✓			NHS Recovery	Planned Care Recovery
1G: Progress against OD plans start to be monitored			✓	✓		
1G: Learning from each area is shared				✓		
1H: Deliver Customer Service Training programme pilot, including a full evaluation			✓			
1H: Roll out customer service training to priority groups & incorporate into blended induction programme			✓		Supporting the Health and Care Workforce	Workforce Sustainability Roadmap
1F: Develop guidance to support colleagues to develop resources for use within the induction programme		✓				
1A: Bi-monthly presentation of workforce measures	✓	✓	✓	✓		
PO Improving wellbeing support for staff	TBC					

Key risks being monitored for SO 1 are:
- Measuring how we improve patient and workforce experience
- Consistent and meaningful engagement through our workforce
- Attract, retain and develop staff with the right skills

Our key strategic outcome measures for SO 1 are:

	Theme	Outcome	Measure
Putting people at the heart of everything we do	Patient	Our patients report a positive experience following their treatment and care	Overall patient experience score
	Staff	Our staff feel valued and involved in decisions	Overall staff engagement score
	Population	We are actively engaging our population and seek their feedback about current experiences and future needs	Percentage who feel able to influence decisions affecting their local area

Strategic Workforce Plan – Visualising our Journey A cycle of Growth and regeneration over 3 year education and commissioning Cycles
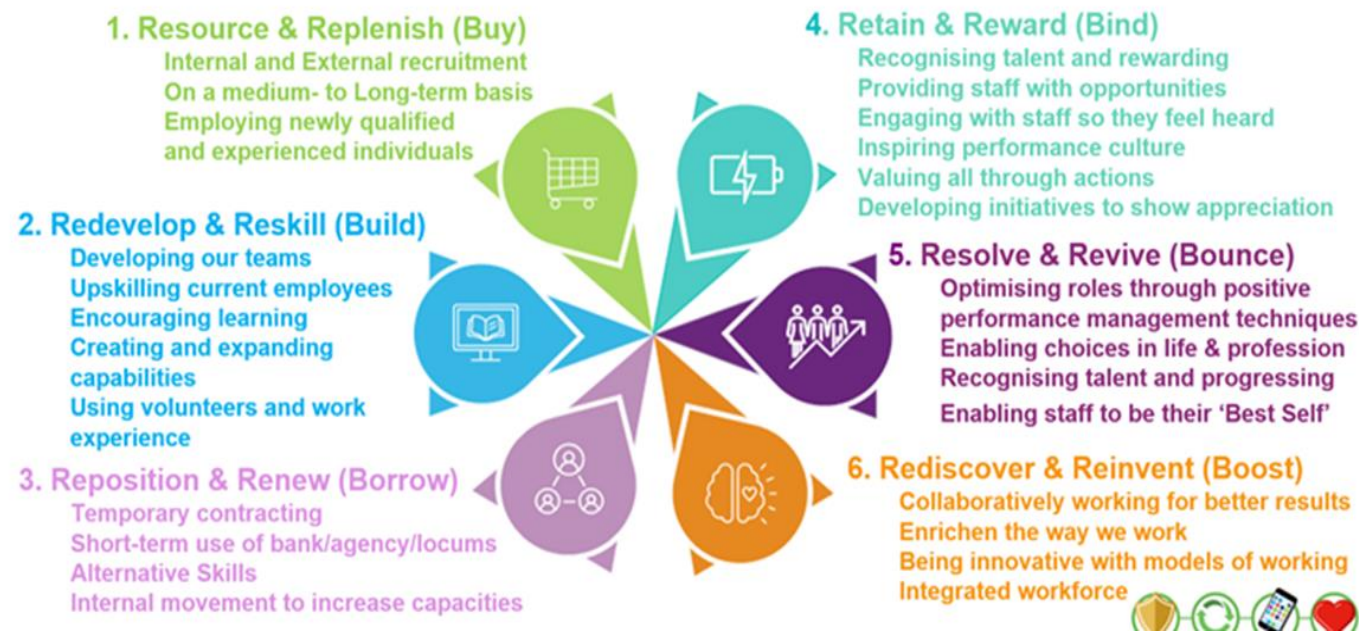
Our strategic workforce plan, by nature must focus on a horizon of between 5-10 years to be able to influence and create the necessary workforce pipeline for our "future state". Our Education and Commissioning cycles play a key role in this as does Health Education and Improvement Wales as the commissioner; the workforce commissioned today we will not see in post for 2, 3 or 4 years depending on educational programme duration. The education & commissioning decisions of today, which are ambitious, gives us an opportunity evolve our workforce. This approach relies on us being able to evolve a clear yet "iterative" learning pathway to tomorrow in what will continue to be turbulent times, that will reflect on our populations health and therefore our workforce health and sustainability. This means we must be responsive and adaptable to challenges as they present through emergency and tactical planning in the short (1-2 years) and medium (2-4 years) term. A workforce technical document is available on request

The workforce we foresee…in 10 years
- there is a risk that over 30% of our workforce will have retired…
- Circa 60-80% of the workforce we have today will be the workforce of "tomorrow"…
- so we need to keep for tomorrow, the "contingent" workforce we have today…
- create development pathways to enable retention…

The average age of retirements has been 61 (2019/21) so…
- return & retire options are critical to ensure participation in workforce…
- aging population and workforce demographic...alternative workforce models will be critical…
- role/workforce design built on flexibility & lifelong learning principles so we must focus on…

1. **Resource & Replenish (Buy)**
Internal and External recruitment
On a medium- to Long-term basis
Employing newly qualified
and experienced individuals

2. **Redevelop & Reskill (Build)**
Developing our teams
Upskilling current employees
Encouraging learning
Creating and expanding
capabilities
Using volunteers and work
experience

3. **Reposition & Renew (Borrow)**
Temporary contracting
Short-term use of bank/agency/locums
Alternative Skills
Internal movement to increase capacities

4. **Retain & Reward (Bind)**
Recognising talent and rewarding
Providing staff with opportunities
Engaging with staff so they feel heard
Inspiring performance culture
Valuing all through actions
Developing initiatives to show appreciation

5. **Resolve & Revive (Bounce)**
Optimising roles through positive
performance management techniques
Enabling choices in life & profession
Recognising talent and progressing
Enabling staff to be their 'Best Self'

6. **Rediscover & Reinvent (Boost)**
Collaboratively working for better results
Enrichen the way we work
Being innovative with models of working
Integrated workforce

Success of our vision will be based on our ability to learn from what works and grow our workforce…iteratively…supported by HEIW. The table below is illustrative of how our workforce shape may change, however, as any gardener knows you have to nurture the soil, plants and protect from negative conditions. This will be the ongoing work to cultivate and empower our workforce today for tomorrow.

Based on reasonable assumptions and ambitious interventions underpinning the framework in 10 years we have the potential of shifting to a positive workforce position

YEAR 10 2031/32	BUY	BUILD	BIND	BORROW	BOUNCE	BOOST	END OF YEAR POSITION	VARIANCE WITH PBC PROJECTED NEED (+/-)
Scientific & technical	42	0	-24.8	0	0	0	171.6	117.6
Additional Clinical Services	144	37.2	-134	0	0	0	654.9	-58.1
Admin & Clerical	139	0		0	0	0	-131.7	-58.4
Allied Health Professionals	43	2	-58	0	0	0	429.5	279.9
Estates & Facilities	121.5	8	-91	0	0	147.6	-44.0	-88.1
Healthcare Science	12	0	-12	0	0	0	45.1	22.7
Medical & Dental	242	0	-224	0	0	0	-137.3	-56.2
Nursing & Midwifery	395	145	-350	0	0	0	1217.3	683.5
Total	1138.5	210.2	-893.8	0	0	0	-	842.9

If all aspects continue as projected, we can illustrate through the framework a methodology to evolve and refine our thinking on the workforce we will need to have in place in ten years time. Now is the time to design, develop and invest to achieve the Social Model of Health. There is greater analysis and refinement needed but this would need to be aligned to actual operating models rather than sets of assumptions. This workforce plan is as an opportunity to take a generational approach to ensuring our future workforce and therefore will be aligned and dependent upon wider factors across Health & Social Care, Education, Economy, Cultural and Political – working in partnership to achieve.

The Workforce Regeneration Framework, at this point, only takes account of the "Buy", "Build" and "Bind" set of intervention focusing predominantly on resourcing, retention and re-skilling. Our work is based on analysis of trends and implementation of strategic workforce plans led by our Executive Team; the emphasis to date has been on our Nursing & Midwifery and Additional Clinical Services Workforce, and is closely aligned to the work we are developing based on "Team around the Patient" workforce model design. Work is underway to assess all professional groups and the contribution they will make to the model and quantify the impact within our workforce across the remaining fields: Reposition and Renew (Borrow); Rediscover and reinvent (Boost); and Resolve & Revive (Bounce).

Workforce Plan – Workforce Regeneration Framework – Nursing Workforce Plan (Staff employed measure)

As an example, we have profiled and quantified our workforce interventions for the 10-year nursing & midwifery workforce plan (as shown below) utilising the Framework. A range of interventions have been monitored against the framework from business-as-usual resourcing activity to new activity i.e., overseas resourcing. This alongside the considerable emphasis on our workforce development pipeline – Grow Our Own Nursing routes and the Apprentice Academy illustrates our potential to be able to shift our workforce position. This is to be measured against a 3% increase in our nursing workforce for 2022/23.

Work is developing for every workforce group, the challenge of which is considerable, given our demographic profile. Critical to this will be our ability to re-cast the narrative around rural medicine per se and the opportunities that will present shifting to a social model of health for our workforce and communities. Maximising on the opportunities that will present for creating a vibrant community platform for health, wellbeing and learning through capital development programmes that see a modern and proactive anchoring of resources for social value.

The impact of our temporary workforce in supporting our permanent Nursing and Midwifery workforce can be seen in the final row of the table. The additional WTE of this contingent workforce enables us to support our workforce whilst we invest in the Grow Our Own Nursing Routes and Apprentice Academy.

Nursing & Midwifery	Budgeted Establishment Mar-21	Actual SIP Mar-22	Actual Gap Mar-22	QUARTER 1 - END JUNE 2022	QUARTER 2 - END SEP 2022	QUARTER 3 - END DEC 2022	QUARTER 4 - END MARCH 2023	Projected Gap 23/24	Projected Gap 24/25	Projected Gap 25/26	Projected Gap 26/27
		2021/22		**Year 1 - End of Quarter Position**				**Year 2**	**Year 3**	**Year 4**	**Year 5**
Funded establishment /SIP / Projected Gap	3,307.60	2,825.20	-482.4	-508.9	-584.9	-515.9	-463.9	-430.9	-335.9	-190.9	-121.9
Additionality linked to RN posts e.g. NSLA increase											
Resourcing Based Activity (BUY)											
TRAC (BAU) Resourcing				25	25	25	25	100	100	100	100
Overseas RN Resourcing			-		30	35	35	150	200	-	-
Additional Overseas - Direct applications						15	15				
Commissioning ask to HEIW								304	288	247	259
Streamlining Registrants (Actual Received)			39		68		40	100	100	200	200
Adult			36		49						
MHLD			3		17						
Child					2						
Midwifery					0						
Bank to substantive				10		5		10	10	10	10
Registrant Agency to substantive					2	1	1	5	5	5	5
Registrant Direct Hire			1		4		5	10	10	10	10
Return to Practice					3		2	5	5	5	5
Returned from Retirement			7	7	7	7					
Centralised RN Recruitment			2	3	3	2	10	10	10	10	
Conversion to substantive from FTC			14	2	1	1	5	5	5	5	
Assumption WTE Resourcing TOTAL			**39**	**59**	**144**	**77**	**118**	**395**	**445**	**345**	**345**
Retention (BIND)											
Assumption WTE General Turnover (-Retention)				25	25	25	25	100	100	100	150
Retirement				110	50		60	200	200	200	200
Retention Initiatives											
TOTAL 'additional' WTE (resourcing minus turnover)				-76	69	52	33	95	145	45	-5
Starting deficit (assumes steady state)			-482.4	-508.9	-584.9	-515.9	-463.9	-430.9	-335.9	-190.9	-121.9
Residual deficit (starting deficit minus total additional)				-584.9	-515.9	-463.9	-430.9	-335.9	-190.9	-145.9	-126.9
Workforce Development Based (BUILD)											
AP Development Pipeline (Potential)					33.6			57.6	104.4	142.8	174.8
RN Outturn										12	72
Impact on RN Residual Deficit of RN Outturn				-584.9	-515.9	-463.9	-430.9	-335.9	-190.9	-133.9	-54.9
BORROW											
Bank				83	62	60	60	60	60	60	60
Agency				287	287	250	250	250	100	80	80
Commissioning (X%) External workforce. Figures to be added in due course											
Total WTE Increase from Temporary Workforce				370	349	310	310	310	160	140	140
BOUNCE											
BOOST											
Digital Productivity (robotics, AI, wearable devices)											
Total Impact on RN Residual Deficit				-482.4	-584.9	-515.9	-463.9	-430.9	-335.9	-190.9	-121.9	17.1
Total Impact on RN Residual Deficit (With contingent workforce)			2816.2	-112.4	-235.9	-205.9	-153.9	-120.9	-175.9	-50.9	6.1	85.1

STRATEGIC OBJECTIVE 1 – Putting people at the heart of everything we do

Support for our patients and their families (PO 1B; PO 1E; PO 1I)

To build on and develop the success of the COVID-19 Command Centre into a long-term sustainable Communication Hub. This will include the continuation of the support and co-ordination of the COVID-19 response and recovery, and will extend, the tried and tested processes developed (single point of contact), to support communication and response mechanisms in operational services and the wider Health Board communication challenges .

This will include the integration of individual service call handling functions and the creation of a robust dormant, but immediately responsive, incident management function for the University Health Board. The ultimate ambition will be to create a single point of contact and response for all communications into the University Health Board within 3 years.

This will work alongside the work currently being undertaken to support our patients currently on our elective care waiting lists.
This will include
- Keeping patients regularly informed of their current expected wait
- Offer a single point of contact should they need to contact us (via the Communications Hub)
- Provide advice on self-management options whilst waiting
- Offer advice on what do to if their symptoms deteriorate
- Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation
- Offer alternative treatment options if appropriate
- Incorporate review and checking of patient consent

By the end of March 2023 we aim to have this process in place for all patients waiting for elective care in the University Health Board.

Other ways we continue to support our patients and their families is through the extension of our Family Liaison Service, particularly for those people who are in our hospitals. Building on the success of the role during the COVID pandemic, we aim to extend the service to support patients and their well-being by :
- Maintaining effective communication via video calls, voice calls, letters or emails.
- Providing pro-active regular communication with families (non-clinical)
- Engaging with relevant services and agencies to support the ward staff with discharge
- Supporting the service with finding ways to enhance the experience of patients and staff
- Facilitating the collection/drop off of patient belongings
- Supporting bereavement process, ensuring provision of bereavement cards, information and signposting of support, and return of property
- Enhancing well-being of patients, by attending to the what matters to the patient
- Facilitating activities within the ward to reduce loneliness and promote

Support for our staff (PO 1A; PO 1F; PO 1G; PO 1H)

We continue to put staff health and wellbeing at the forefront of COVID recovery plans. This includes a range of measures and resources in place including a rapid access and response service to our in-house Staff Psychological Wellbeing Team, an Employee Assistance Programme, virtual listening spaces, a dedicated wellbeing intranet page, and wellbeing webinars (covering topics such as managing stress and team resilience).

As we move into 2022/23, there are several priority areas that we will continue to develop to support our workforce ,including:
- Building upon the work started in 2021/22, continue to develop and implement plans to deliver NHS Delivery Framework targets related to workforce by the end of 2023/24. This data will be presented through a dashboard to our People, Organisational Development and Culture Committee on a bi-monthly basis. Key targets include, but are not limited to:
    - Deliver on a sustainable basis – agency spend as a % of total pay bill
    - Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation.
    - Percentage of employed NHS staff completing dementia training at an informed level
    - Deliver on a sustainable basis - Percentage of sickness absence rate of staff
    - Deliver on a sustainable basis - Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding Doctors and Dentists in training)
    - Deliver on a sustainable basis - Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job
- The continued rollout of our Organisational Development (OD) relationship manager programme, such that by October 2022 we will have developed Priority Group People Culture Plans for the organisation coordinated by the OD Relationship Managers. These plans will lead the way to more good days at work for our staff and incorporate personal development pathways.
- Following the development and design of the "Making a Difference" Customer Service programme, implement a plan to focus on delivery and measuring outcomes (linked with the Board Assurance Framework), with all members of staff to have completed the programme by September 2024.
- Following the development of processes to co-design the workforce offer for staff relating to
- Recruitment
    - Induction
    - Policies
    - Employee Relations &
    - Equitable access to training develop implementation plan for each area to deliver revised practices and policies to an agreed roll out schedule to be completed by March 2023.

Each of these has its own specific set of actions; deliverables; and milestones.
- To continue with our drive and commitment to the recruitment of registered nurses, including an international recruitment campaign, and a pilot for recruiting registrants across a site rather than at a specialism level
- Implementation of a range of programmes to increase the retention of our staff, which will include flexible rostering opportunities for nurses; a flexible working guide for our nurses; and support for staff groups with a high turnover rate
- A new Planning Objective is to be introduced that will support staff wellbeing and to enable them to be at work. This will include specific support for staff at risk of stress / burnout through our new eco-therapy programme; and also a focus on financial wellbeing of our staff given the current economic climate.
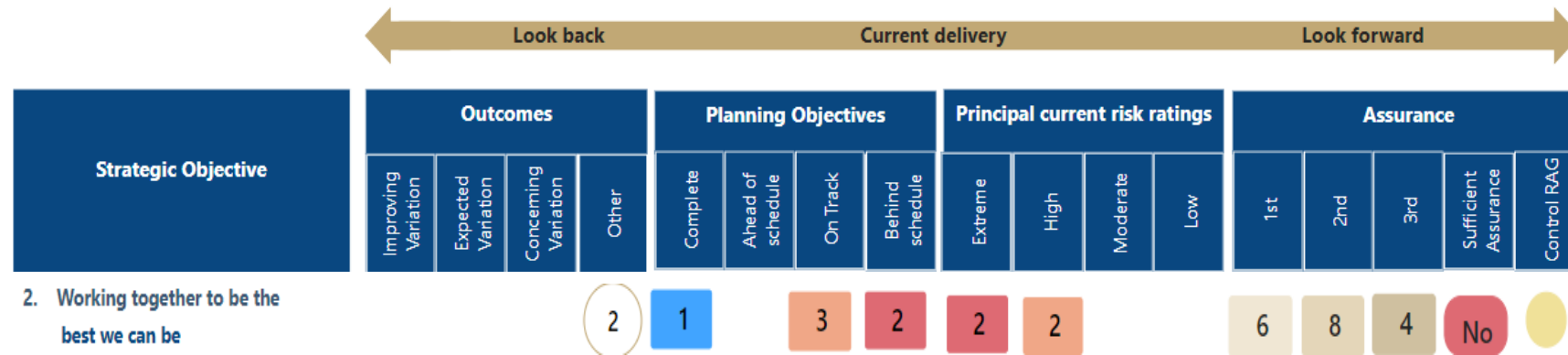
STRATEGIC OBJECTIVE 2 – Working together to be the best we can be

Planning Objectives (PO) covered in this section:

Planning Objective	Description	Planning Objective	Description
2A	Regional Carers Strategy response	2B	Strategic Equality Plan and Objectives establishment
2D	Clinical education plan	2E	Evidencing impact of charitable funds
2I	Integrated Occupational Health & staff psychological wellbeing offer	2J	"Future Shot" Leadership Programmes
2K	Organisational listening, learning and cultural humility	2L	Staff engagement strategic plan
2M	Arts in Health Programme Development		

Latest Board Assurance Framework (BAF) as of March 2022

For the latest position of the BAF please click on the following link:
https://www.powerbi.com/view?r=eyJrIjoiYzg0NDdiMzAtYzE3Ni00ZjU0LWIyMjEtMzFiZWJjYjhlNzdmIiwidCI6ImJiNTYyOGI4LWUzMjgtNDA4Mi1hODU2LTQzM2M5ZWRjOGZhZSJ9

In summary for this period, the BAF shows that:
- Neither of the 2 outcome measures currently have enough data points to establish a statistical trend
- 1 of the 6 Planning Objectives has been completed; 3 are on track; and 2 are behind
- 2 of the risks are categorised as high; and 2 as extreme (attract, retain and develop staff with the right skills; strong reputation to attract people and partners)

Our key deliverables for 2022/23

Our Key Deliverables/Milestones	Q1	Q2	Q3	Q4	Ministerial Priorities	Hywel Dda Priority Areas 2022/23
2A.Deliver a range of awareness raising activities to increase understanding of the needs of unpaid Carers within the workforce, and celebrate key national dates e.g. Carers Week and Carers Rights				✓	Working alongside social care	
2B.Work with key staff within the Culture and Workforce Experience Team and Occupational Health Team to facilitate and promote existing staff networks, and work to establish two new staff networks: Staff with hidden disabilities, Staff affected by menopause			✓			
2H. Continue to deliver the Internal Coaching Network for cohorts 2 & 3, to ensure an adequate supply of capable leaders is available		✓		✓	Supporting the Health and Care Workforce	Workforce sustainability roadmap
2E.Develop a standalone website for the charity			✓			
2L: A Task & Finish Group for the nursing retention work is established. This is aimed to reduce nursing turnover by 1% by April 2023.	✓					
2K: A Staff Experience and Engagement Improvement programme for the next 12 months is produced		✓				

Key risks being monitored for SO 2 are:
- Consistent and meaningful engagement through our workforce
- Attract, retain and develop staff with the right skills
- Strong reputation to attract people and partners
- Effective leveraging within partnerships and carers Our key outcomes for SO 2 are:

	Theme	Outcome	Measure
Working together to be the best we can be	Staff	Our staff feel that they are part of an effective team	Staff response to: Team members trust each other's contributions
	Patient	We are listening to the voices of our patients to ensure that our services deliver the outcomes that are important to them	% of action plans completed at service review meeting
	Organisation	As a Health Board, our strategic vision is clear and our objectives are aligned	Staff response to: I have had a PADR in last 12 months that has supported my development and provided me with clear objectives aligned to team and organisation goals

STRATEGIC OBJECTIVE 2 – Working together to be the best we can be

Empowering our Carers (PO 2A)

The Social Services and Well-being (Wales) Act 2014 places a duty on the University Health Board to provide information, advice and assistance to unpaid Carers. We are committed to support and acknowledge the vital role unpaid Carers play in the delivery of a social model for health.

Support for unpaid Carers is a vital component of our ambition to minimise unnecessary hospital inpatient episodes and provide care and support as close as possible to people's homes and communities. Proactively providing support to unpaid Carers is a key pillar of the Health Board's work to reduce inequalities. Carers often experience poorer health outcomes and are impacted by in-work poverty and socio-economic circumstances.

The number of unpaid carers has increased significantly during the pandemic and supporting their continued health and well-being is an ongoing priority. Unpaid carers are often considered the cornerstone of community care providing significant day-to-day support to family members with significant health and care needs. Our Carers Delivery Plan has been developed in conjunction with the West Wales Carers Development Group (WWCDG), which forms part of the governance arrangements of the Regional Partnership Board (RPB) and responds to the Welsh Government priorities for Carers.

Key to what we will focus on through 2022/23 are:
- Map health board led support for unpaid Carers, identify gaps and develop relevant actions that directorates across the Health Board can take to deliver improved support for unpaid Carers.
- Raise awareness of the needs of unpaid Carers.
- Increase staff skills and confidence to support patients, family members and colleagues with caring responsibilities.
- Ensure the commissioning of unpaid Carers specific services that supports the University Health Board to achieve its Health and Care Strategy ambitions.
- Maintain the Investors in Carers scheme as an enabler for improving outcomes for unpaid Carers across the health and care system.
- Progress within the Carer Confident Employers for Carers scheme.
- Collate unpaid Carer Stories and feedback to capture and understand the most significant changes, and ensure mechanisms are in place to share this information across the Health Board.
- Establish unpaid Carer related outcome measures to provide evidence to support the investment case for increased funding.

The key focus of our activities and outcomes are:
- Increased staff awareness of the needs of unpaid Carers and how to signpost to Carers support services.
- Increased signposting to support by University Health Board staff to empower patients and family Carers, including young carers and young adult carers.
- Increased support for staff with caring responsibilities which enables them to maintain their wellbeing.
- Increased involvement of unpaid Carers in hospital discharge planning arrangements that support reductions in length of stay and maintaining independence at home.

Ensuring equality and Charitable focus (PO 2B; PO 2E)

Equality
We will work to ensure equality across the University Health Board, this will include:
- Encourage and monitor the implementation of equality, diversity and inclusion policies and procedures across the University Health Board and support staff to meet the Strategic Equality Objectives
- Ensure robust equality impact assessment and assurance procedures are in place for service change, project planning and policy development
- Offer advice on equality legislation, identify any risks and provide assurance that the health board is compliant in meeting its statutory duties
- Prepare, present and publish reports detailing the progress made against the Strategic Equality Objectives which meet the requirements of equality legislation and demonstrate our commitment to operating in line with its values and principles to achieve fairness and equity for all.
- Facilitate the establishment of various support networks for staff with a protected characteristic
- Coordinate, develop and provide a range of equality, diversity and inclusion training for staff
- Develop, promote and implement a range of equality, diversity and inclusions initiatives
- Facilitate engagement with community groups and individuals who share a protected characteristic
- Contribute to local, regional and national initiatives and respond to emerging priorities

The key outcomes we are working towards include:
- Increased staff awareness of equality, diversity and inclusion matters and legislation (Evidenced in training data assessments)
- More inclusive and equitable service delivery and working environments. (Evidenced in Equality Impact/Health Assessments, workplace and service assessments, analysis of staff and service user experience and feedback mechanisms)
- Increased support for staff with a protected characteristic in the workplace to improve staff wellbeing and productivity (Recorded in staff surveys, PADRs, staff engagement exercises, staff networks)
- Improved engagement with staff, service users and stakeholders (Evidenced in staff networks and community engagement activities)

Hywel Dda Health Charities
Hywel Dda Health Charities is the official charity of the University Health Board. This planning objective relates to the ongoing delivery of the charity's three-year plan, approved by the Charitable Funds Committee in March 2020, with the overall objectives of:
- Income: Increasing our income levels by 10% on an annual basis from April 2020 to March 2023.
- Expenditure: Increasing our charitable expenditure by 15% on an annual basis from April 2020 to March 2023.
- Communications: Increasing our charity's profile and raise awareness of the positive difference we make.

From April 2022, the focus of our activities will be on:
- Increasing our income from both new and existing opportunities and income streams.
- Empowering University Health Board staff to access our charitable funds and be innovative and proactive in their approaches to making a difference.
- Maximising opportunities to extend our reach and become more visible internally and externally so that more people across our region are aware of the charity's existence, its purpose and the importance of their support.

STRATEGIC OBJECTIVE 2 – Working together to be the best we can be

Empowering our Workforce (PO 2D; PO 2I; PO 2J; PO 2K; PO 2L)

Resolve and Revive
- By February 2023 develop an integrated Occupational Health & Staff psychological wellbeing offer with a single point of contact which supports staff to remain in work, offers support when absent and provides alternative opportunities when health impacts on an individual's ability to be in role.
- By March 2023 demonstrate progression of actions from the first Staff Discovery Report. Conduct a second Staff Discovery Report focused on how we can better support staff in work and their wider lives to support Health and Wellbeing. This will include:
  - o A Staff Benefits Optimisation programme for the next 12 months is produced
  - o A Staff Experience and Engagement Improvement programme for the next 12 months is produced
  - o A programme for staff awards, awards events and motivational recognition is produced
  - o Key themes are established with the OD Relationship Managers team to bring messages and opportunities alive for staff

Retain and Reward
- By June 2022 develop a plan to ensure the retention of our new and existing staff through the improvement of our engagement with staff and a reduction in turnover. This plan should, as a minimum achieve the Welsh average retention rates across all staff groups in the initial phase and achieve best in Wales as a minimum over its whole duration. This will include:
  - o Good start to work: Enable access for all new starters to Wellbeing resources
  - o Best practice and theory review to consider retention of staff and increased engagement to challenge current thinking and explore possibilities relevant to engagement, role design and staff experience in the future. This will consider the whole employee lifecycle.
  - o Good day at work: review of national terms and conditions
  - o A Research Programme of work to consider best practice on flexible working for nurses and a people insight piece
  - o People insights piece to understand hot spots for retention across Hywel Dda, and obtain staff experiences to gain a better understanding of the challenges and to help inform work programme.
  - o Following best practice and theory research and identification of hot spots, targeted interventions to increase retention and improve engagement on the ground working with the operational services.
  - o Targeted intervention in areas of high turnover to explore what makes people stay there
  - o Good end to work: Enable access for all those coming up to retirement to access to a newly development retirement programme to educate and inform/prepare our staff for their next stage in life.
  - o Good end to work: Reducing health related leavers by targeted interventions
  - o Review of pension rules to provide greater clarity, opportunity, and guidance

Redevelop and Reskill
- By September 2022 to develop a multi-disciplinary clinical and non-clinical education plan and begin implementation from October 2022. This plan will incorporate the expansion of the Apprenticeship Academy in terms of its scope, scale and integration with social care
- By March 2023 design a comprehensive range of Leadership Development Pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a Graduate Leadership Team Programme for Health and Social Care.
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Empowering our Nurses

The Nursing and Midwifery Strategic Framework – 'Empowered to Care'; outlining the commitment to the Nursing Profession across the University Health Board over a 5-year period, was launched in November 2021. The aim is to empower the profession at all levels of practice, and to improve the safety and quality of services. Our vision is one of delivering excellent clinical services fit for current and future generations, with a focus on keeping people well to meet the priorities outlined within the Health and Care Strategy 'A Healthier Mid and West Wales: Our Future Generations Living Well'.

A programme of work is being put in place through 2022/23 to support the 5 themes of the framework, namely: Empowerment; Quality & Safety; Patient Experience; Staff Experience; and Public Health.

Empowering our Patients (PO 2M)

- To sustain and develop the Arts in Health (AiH) Programme by March 2023 to promote and encourage the use of the arts in the healthcare environment to make a positive contribution to the well-being of our patients, service users and our staff. The key areas of the project will have a number of threads:
  - o Patients –helping to support and inspire development of arts projects working with patients with specific needs, including dementia, learning difficulties and mental health.
  - o Staff – developing services to support staff wellbeing, benefits and building resilient staff communities.
  - o Community – developing creative prescribing/arts on prescription to enable access to patients in the community to access services that support wellbeing and preventative lifestyle changes.
  - o Arts Sector – it is vital that the overall arts ecology can support our vision to deliver arts in health for people within our health board area.
  - o Arts in the environment – working alongside partners to develop arts in future building and capital projects in a sustainable way that promotes health and wellbeing for staff and patients.
  - o Learning and development - working locally and within a wider national context to create ongoing learning and conversations to develop arts in health.

The AiH team is keen to secure further resources to maximise the potential of opportunities in the next 12-14 months to add value to the programme, build sustainable resource and capacity, meet expectations, use actual projects to prove/evidence the impact of the work and build an accessible new service for the University Health Board.

It is also proposed to establish an AiH Environments Task and Finish Group to :
- Form a vision and plan for a health board approach to arts in healthcare environments
- Develop resources to support the role of arts in health in future planned capital and estate projects and key health board developments.
- Consider the role of arts in health in preserving heritage and culture during a period of transformation.

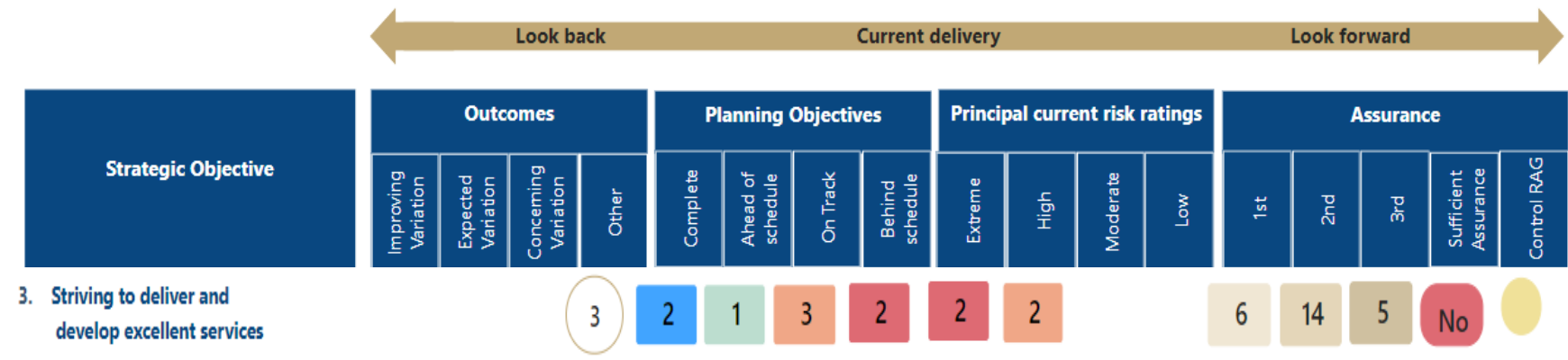All of this work is supporting a number of other corporate objectives, having arts in health built into capital programmes and estates developments, will ensure that we are supporting our local communities by working with local artists and arts organisations, third sector etc, as well as ensuring our buildings are reflective of our counties, and helping people feel connected to the building when they visit.

STRATEGIC OBJECTIVE 3 – Striving to deliver & develop excellent services

Planning Objectives (PO) covered in this section

Planning Objective	Description	Planning Objective	Description
3A	Improving Together	3I	Primary Care Contract Reform
3C	Quality & Engagement Requirements	3J	AHM&WW Communications Plan
3E	Business intelligence and modelling	3L	Review of existing security arrangements
3G	Research and Innovation	3M	UHB Communications Plan
3H	Planning objective delivery learning	3N	Welsh Language

Latest Board Assurance Framework (BAF) as of March 2022

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In summary for this period, the BAF shows that:
- None of the 3 outcome measures have enough data points to establish a statistical trend
- 2 of the 8 Planning Objectives has been completed; 1 is ahead of schedule; 3 are on track; and 2 are behind
- 2 of the risks are categorised as high; and 2 as extreme (attract, retain and develop staff with the right skill; capacity to engage and contribute to 'Improving Together')

Key risks being monitored for SO 3 are:
- Attract, retain and develop staff with the right skills
- Timely and sufficient learning, innovation and improvement
- Capacity to engage and contribute to 'Improving Together'
- Underestimation of Excellence

Our key deliverables for 2022/23

Our Key Deliverables/Milestones	Q1	Q2	Q3	Q4	Ministerial Priorities	Hywel Dda Priority Areas 2022/23
3A. Develop our communications and engagement for the Quality Management System and its delivery vehicle Improving Together	✓				NHS Recovery	Planned Care Recovery
3E. The Advanced Analytical Platform will go live and the legacy systems will be archived and stood down			✓		A Healthier Wales	
3G: Opening of new Clinical Research Facilities	✓		✓	✓		
3H. Develop a quarterly Outcomes Measures Development Working Group	✓				NHS Recovery	Planned Care Recovery
3C. Implementation Group identify key actions, quick wins, and opportunities for early implementation			✓			
3L Maximise opportunities from existing systems of CCTV and Access Control		✓			Supporting our Health and Care Workforce	
3M. Communication plans both strategic and tactical to be developed and tested as part of Emergency response to incidents.		✓				
3M: Launch our new Hywel Dda intranet pages to enhance our employee's access to information and resources.		✓				

Our key outcomes for SO 3 are:

	Theme	Outcome	Measure
Striving to deliver and develop excellent services	Discover	We are actively involved in research development and innovation	New R&D studies commenced in a year (hosted and sponsored)
	Design	Our staff actively bring improvement and innovation into our thinking	Staff response to: I am able to make improvements in my area at work
	Deliver	Our staff are empowered and supported to enact change and continuously learn and improve	The number of staff per 1000 have undertaken improvement training

STRATEGIC OBJECTIVE 3 – Striving to deliver & develop excellent services

Ensuring Quality - Improving Together (PO 3A); Quality Management (PO 3C); Advanced Analytics (PO 3E)

Ensuring experience, quality, and safety of our patients and our population is at the centre of our work to secure improvements in the quality of care and services we deliver and to improve outcomes for the population we serve.. To do this experience, quality, and safety is a core component of all our plans, both for the service we provide now, and for the changes we are proposing to our models of care as part of our Transformation Strategy. Core to our work and assurance on this is our Quality, Safety and Experience Committee, whose main aim is to scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.

High quality, safe care will be achieved through the Development of our Quality Management System and Its vehicle for delivery 'Improving Together'
We are committed to strengthening our approach to delivering high quality, safe care in line with the Health and Social Care Quality Engagement (Wales) Act. With the development of our Quality Management System (QMS) and it's vehicle for delivery 'Improving Together' there will be an ongoing, system wide approach to quality improvement, which will embed a culture of being open and honest. Duty of Candour will be evidenced through our transparency in our responses to the population, and with the development and use of the Once for Wales concerns management system the University Health Board will generate data which will support improving our services, through patient and staff feedback. Thematic reviews of incidents, patient experience and other data will be used to improve quality of care, this will be further enhanced by using a proportionate (or appropriate) investigation of incidents which support learning and creates a culture of psychological safety.

The quality management system approach will provide a coherent and integrated means of ensuring quality runs through all our services, this strategic framework cannot be seen in isolation and must be considered as a whole, with the 4 components working together: Quality Improvement, Assurance, Control and Planning, each of these components and Improving Together as the vehicle for delivery will align the team vision to our strategic objectives and empower teams to improve quality and performance across the organisation by setting key improvement measures. Visualisation of key data sets including improvement measures and regular team huddles will help drive decision-making. The approach embraces coaching discussions and supports staff to develop solutions, embedding the principles of continuous improvement. The framework will offer a common approach to how we can adapt, adopt and spread good practice in a systematic way. Improving Together as the delivery vehicle to the QMS will ensure that all service users across the University Health Board experience consistently high quality services to a standard that all of us in the organisation would be proud to provide. Our teams will be empowered to improve quality and performance across the organisation by setting key improvement measures aligned to their teams vision. Visualisation of key data sets including the use of outcome measures and regular team huddles will help drive decision-making. Improving together approach will also consider data gathered through the pandemic to support positive lessons learnt and embed good practice across the organisation

The Quality Management System, delivered via Improving Together, will establish an integrated inter-professional response to the requirements of the duties within the Health & Social Care Act. To deliver:
- a quality reporting framework aligned to the health & care standards ensuring engagement across the organisation which will require understanding at all levels.
- against the requirements of Candour.

Key within this for 2022/23 in collaboration with individual directorates will be:
- Enabling teams to set their vision / objectives which aligns to strategy
- Teams to identify, understand and use key data sets to inform how they are progressing the team vision / objectives
- Promote ways of effectively discussing the data within teams e.g. huddles
- Adopt and spread learning from improvements through an agreed and tested mechanism#
The QMS approach will be delivered through Improving together and support continual improvement of our services.

Advanced Analytics
Our advanced analytics programme is designed to provide an enhanced analytics platform for designing and evaluating changes in hospital configurations, service models and resource deployments to undertake demand capacity analysis and model scenarios. With an aim to provide the Health Board with support in developing a suite of intelligent reports, dashboards and analytical products to support the delivery and management of care. For example, the need to supply Ward to Board report, enhanced performance management reporting supported by dashboard(s) on workforce, safety, quality, access, experience and which also needs to encompass community, primary, mental health etc. Key to this will be:
- Development and implementation of dashboards and visualisation tools that support clinicians in consultations with patients and service management colleagues in evaluating changes at a pathway level.
- Moving to a centralized platform will enable the Health Board to manage its information and data in a seamless and consolidated manner.
- The University Health Board will also benefit from more timely and accurate reporting as a result continuously update their performance metrics. This real time access reduces errors, improves delivery of information for reporting and decision making.

STRATEGIC OBJECTIVE 3 – Striving to deliver & develop excellent services

Primary Care (PO 3I)

Primary Care

Through working with the four contractor professions the focus over the next 12/24 months will be stabilising sustainable service provision as we move into the recovery phase of the COVID-19 pandemic. Our key priority for 2022/23 onwards will continue to be to support service modernisation that provides timely and appropriate access to local services, using contract reform and Accelerated Cluster Development (ACD) as drivers for change.

Sustainability of all Primary Care contractor service provision remains a key priority, recognising the period of instability that many contractors have experienced at times throughout the pandemic. The anticipated outcome of the contract reform negotiations will also help to shape the future sustainable service provision alongside a workforce strategy that supports the implementation of the Primary Care Model for Wales by bringing other professional groups such as Audiology, Occupational Therapy, Physiotherapy etc into direct access services through General Medical Services.

General Medical Services (GMS)
- Use the outcome of the Five Facet Survey to inform the development of a Primary Care Estates Strategy, alongside the nationally produced ARCHUS estates document
- Develop a strategic document that sets out the future aspiration for sustainable Primary Care service provision in Hywel Dda
- Continue to evaluate and promote the use of digital solutions to improve timely access to care;
- Continue to review and revise the proactive sustainability support package
- Consider options to allow the return of Health Board Managed Practices back to independent contractor status
- Undertake a review of both National and Local Enhanced Service specifications and funding
- Develop and embed the principles of Accelerated Cluster Design as part of the development of Integrated Localities;
- Lead and support the implementation of contract reform;
- Continue to support the commissioning of any ongoing vaccination programmes coming out of the COVID-19 pandemic
- Implement solutions that assist with the Urgent Primary Care model

Dental Services:
- Support the ongoing implementation of Contract Reform in line with national guidance
- Review the commissioning arrangements for in hours urgent access and out of hours dental services
- Review the pathway for paediatric, special care and tier 2 minor oral surgery dental services including the development of a specialist services and a review of General Anaesthetic provision
- Review the pathway for paediatric dental services including the development of a specialist service and a review of General Anaesthetic provision
- Review the orthodontic waiting lists which have been generated as a result of the COVID-19 pandemic
- Continue with the review of the Community Dental Service
- Reinstate contract management in line with the reset of services;
- Continue to review and revisit the use of digital solutions to support the ongoing modernisation of service provision

Community Pharmacy
- Continue to review and revise the Pharmaceutical Needs Assessment
- Support the ongoing development and implementation of the Community Pharmacy Cluster Lead role particularly in respect of the development of ACD.
- Continue to scale up and roll out the Community Pharmacy Walk-In Centres aligning to sustainable service provision and unscheduled care pathways
- Support the reintroduction of suspended Enhanced Services e.g., Sore Throat Test and Treat and roll out training for Triage and Treat to increase the number of pharmacies offering, as part of the recovery programme
- Continue to support and develop Independent Prescriber roles and making service links across Pharmacy and General Medical Practice
- Continue to review and revisit the use of digital solutions to support the ongoing modernisation of service provision

Optometric Services:
- Roll out of the pathways developed throughout the red phase of the pandemic with a shift of resource to support service development
- Support the development and implementation of contract reform
- Continue to review and revisit the use of digital solutions to support the ongoing modernisation of service provision.
- Review and revise the Glaucoma pathway through regional working with Swansea Bay University Health Board.
- Develop and implement an improved service specification to support the Complex Contact Lens pathway.
- Work with South West Wales Regional Optometric Committee (SWWROC) and Optometry Wales to establish urgent eye care access via 111. This service will allow patients to access the most appropriate advice and services for eye related advice or care

Implement primary care contractor solutions that contribute to the provision of a 24/7 Urgent and Emergency Care pathway

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Clusters and Accelerated Cluster Design

Each of the seven established Clusters have been aligned to an Integrated Locality Planning Group established in each of the three Counties, thereby ensuring the integration of plans, joint prioritising of needs for the population and effective use of resources. The Cluster role allows for place-based understanding of the population needs and local assets. Specific Cluster projects may vary on this basis and projects are reviewed on a regular basis to ensure they meet their aims and continue to be relevant. Over the next 12 months the Accelerated Cluster Development programme will be implemented across the region. Professional Collaboratives will align with the Clusters and the Pan Cluster Planning Groups and the Integrated Locality Plan will be the driver behind resource decision making.

Our People & Communities
Place-based
Starting well
Living well
Aging well
Social model for health & wellbeing

Professional groups
Inter & intra-professional dialogue & co-operation
Improve patient care & experience
Professional experience to inform priority setting & planning

Our 7 Clusters
Support & enable collaborative service planning & delivery
Understanding of local needs
Setting of local priorities
Propose effective local solutions & dynamic problem-solving approach

Our 3 Integrated Localities
Variety of stakeholders on a County population footprint
Deliver strategic aims
County population needs assessments & integrated plans

Our Regional Plan
Driven by national guidance & planning principles
Consistency of outcomes, principles & standards
Sustainable use of resources
Single mechanism for pathway redesign & resource use

Teulu Jones/ The Jones Family

Alignment to our communities – local knowledge & relationships with regional consistency & equity of outcomes

Transparent, clear, whole system, supported and forward thinking approach to operational planning & delivery

- **Mental Health / Wellbeing** (20 projects) – projects aimed at improving mental health and wellbeing. Working with specialist staff, local authorities, and other partners, providing timely access to support for adults, families and young people.
- **Responding to COVID** (16 projects) – supporting the vaccination programme and those with Long Term COVID. Increasing the number of Chronic Disease Clinics in order to reduce annual review backlogs. Specialist clinics to support Secondary Care, and additional support to reduce administrative backlogs.
- **MDT Working / Recruitment of other Roles** (16 projects) – Reducing pressures on Secondary Care and improving community access by enhancing cluster services e.g. recruitment of Occupational Therapist; physiotherapists; Cluster Pharmacists; Care Co-ordinators; Respiratory Specialist Nurses and providing better Psychological support to patients.
- **Integration of Services / Community Based Services** (10 projects) – Enhancing the service provision for patients, including Phlebotomy Services where hospital provision is reduced; Integrating the Community Cardiology model to support the reduction of patients with palpitations and Atrial Fibrillation managed in Secondary Care; Providing access to Community Catheter Clinics; Providing support to patients with long-term conditions who attend multiple organisations to develop co-ordinated Care Plans.
- **Specialist Support / Services** (9 projects) – Increase identification and support those suffering from domestic violence. Providing Dermatology Clinics to support diagnosis and provide minor surgery for patients. Providing support for individuals with chronic or life limiting conditions. Providing opportunities for patients with Dementia to take part in regular exercise. Supporting those with lung conditions through weekly singing sessions. Providing a Dietetic led Irritable Bowel Syndrome Service.
- **IT Equipment / Digital Solutions** (7 projects) – Ensuring patients are able to connect to their GP and Cluster through 'My Surgery App'; Providing online registrations for new patients via 'Campus Dr'; Better monitoring of patients with chronic or life limiting conditions using 'Delta wellbeing' to provide monitoring at home.
- **Workforce Sustainably / Workforce** (6 projects)– Providing increased training opportunities to Optometrists, therefore enabling the cluster to deal with more acute problems and improving workforce sustainability.
- **Screening** (6 projects) – Early diagnosis improves cancer outcomes, and due to the pandemic uptake has reduced. Clusters are targeting various areas, such as Bowel, Cervical, Breast and Abdominal Aortic Aneurysm to improve patient uptake.
- **Other (5 projects)** – Varying projects including Point of Care testing for patients presenting with respiratory illness; Increasing access to defibrillators; Ensuring facilities and premises are suitable and adaptable to changing needs.

There are Technical documents available on request for the seven cluster plans.

STRATEGIC OBJECTIVE 3 – Striving to deliver & develop excellent services

Communication (PO 3J; PO 3M,)

The areas of development through 2022/23 include:
- Develop and deliver a new strategy that supports the ambitions of our health board and informs and engages with our communities. This will incorporate a review of our communications channels, production of brand guidelines and style guide, and generation of toolkits that enable our teams to communicate with consistency and comply with accessibility requirements.
- Support our communities to understand the ambitions, case for change, process, and timelines for the Program Business Case, as part of the University Health Board's strategy for health care in west Wales. Seek to identify opportunities to connect with current and new audiences to share information to enable greater understanding of the scope of projects to be further developed.
- Continue to work with the three local authorities and other partners within the Hywel Dda area to deliver our regional approach to delivering COVID communications. In doing so, we will facilitate the use of joint communications and collaboration, maximised use of existing communication tools, and testing new forms of communication. This has been critical thus far in maintaining lower than expected rates of COVID-19 in our communities, addressing specific local concerns during the pandemic, and achieving good take–up of the COVID-19 vaccine.
- Provide communication and practical interventions to support the re-starting of NHS planned services, through schemes such as the Waiting List project and 'Single Point of Contact', as well as information and resources to keep people well whilst awaiting surgery. This work has already started and will continue through the year.
- Provide communication mechanisms and content to support the rest and recovery of NHS staff, and support activities to recruit and retain staff by seeking opportunities to support their well-being, celebrate contributions, recognise the work of teams, and share the benefits of working in the NHS in west Wales.
- Fulfil statutory requirements designated to the department including the production of the Annual Report; and our obligation to warn and inform the public (alongside our partners) in the event of a major incident.
- Launch our new Hywel Dda intranet pages to enhance our employee's access to information and resources. This work will be complete by end of Q2 2022 but will require continuous development.
- Provide a responsive service to incidents or service change within the health board and communicate responsibly.
- Developing a communications plan that seeks to build public trust and awareness of our AHMWW strategy and our three-year plan to restore, recover, and develop local services. The refreshed communications plan, will seek to create a supportive environment for the development of our PBC/OBC, enabling our staff and communities to understand the scope of current and future change, and bring our strategy to life

Bilingual Healthcare service (PO 3N) and Communication (PO 3J; PO 3M,)

A high proportion of our population in West Wales – whether patients, service users, carers, or our staff - wish and have a need to communicate with the health service through the medium of Welsh. The bilingual needs of our communities are celebrated and embraced by our health board - we are proactive in supporting our colleagues to raise awareness of the importance of making sure information and services are available in both Welsh and English and how this will impact positively on our patient experience.

We are committed, not only to complying with the Welsh Language Standards, but also their broader spirit to enhance Welsh culture and communities. While we are keen to deliver on our statutory duties in meeting all aspects of the standards, we recognise that the commitment is not always consistent across our sites. We appreciate that there is a need for continued support for behavioural and culture change for us to deliver a seamless bilingual service to our service users. As part of this improvement work, the Health Board will undertake a Welsh Language and Culture Discovery process that seeks the views of staff, patients, partners, exemplar organisations and the local population regarding ways to make Hywel Dda a model public sector organisation for embracing and celebrating Welsh Language and Culture (in the way we communicate, offer our services, and design our estate and facilities for example).

We continue to report progress and key actions to achieve our ambitions and statutory obligations for the Welsh language in our Annual Welsh Language Monitoring Report, which is published on our website annually. The report includes how the University Health Board will continue to promote the use of Welsh language; support staff to use the Welsh language; and endeavour to comply with the Welsh language standards

Ensuring our security (PO 3L)

To improve the protection of staff, patients and premises by improving the current delivery of security management across the Health Board. There are examples of good practice in Integrated Care Centres and this model in terms of building management should be adopted in other premises. The key areas we are looking at in 2022/23 include:
- Physical Security – At present, all Acute and Community Hospital sites lack sufficient physical security measures to protect staff, patients, services and equipment.
- Automated locks – Installation of access controlled devices will remove the need to lock/unlock doors manually
- CCTV - CCTV systems have been installed in the majority of health board premises but in many cases are aging and are using outdated technology. The image quality on the majority of systems does not meet the current standards for image definition.
- Access Control Systems - Access control system (automated locking) should be considered for all external access points
- Intruder Alarms
- Communication Systems
- Human Factors
- Patient and Staff Personal Property
- Funding
- Workforce
- Support/Advice

STRATEGIC OBJECTIVE 3 – Striving to deliver & develop excellent services

Hywel Dda as a Learning Organisation - Research & Innovation (PO 3G) and Learning from our Planning Objectives (3H)

Research and Innovation
In April 2021, the University Health Board published its Research and Innovation Strategy (2021/24). The strategy recognises the importance to the Board of research and innovation and will ensure that it can secure several benefits of wider importance including: improving the quality of care; improving recruitment and retention; finding solutions to some of our biggest challenges eg. COVID, Cancer treatment; contributing to the local healthcare economy; and retaining our University status.

Progress has included: plans being developed for every site, with specific proposals that take account of their local geography and surrounding facilities. This includes developing the capability to undertake commercial studies on every site, and establishing collaborative links with primary care to support research in General Practices; a new team spanning clinical engineering and research has been established. Called 'TriTech', it is supporting the development and evaluation of new technologies and devices to ensure they are making the maximum contribution to improving patient outcomes, when considered alongside their costs.

Key actions for 2022/23 are:
- Establish new facilities, including 'going live' with Clinical Research Facilities in Glangwili (Quarter 1), Bronglais (Quarter 2), and Withybush (Quarter 4).
- Implement a plan to improve the number of commercial studies supported
- Host and develop portfolio studies in the following new areas: colorectal cancer; sexual health; women and child health; orthopaedics; and primary care.
- Deliver five funded TriTech projects (AI for Prostate Cancer diagnosis; Bioelectrical stimulation for knee pain; NGPod for tube placement; Tecnology Enabled Care for COPD patients; and an evaluation of Patient Knows Best for OA patients).

Our Planning Objectives
Having developed our Planning Objectives, as an organisation we must learn from them as well. We are establishing a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved.

Key areas for development through 2022/23 include:
- To review the success of current measures, scope out and develop new measures linked to strategic objectives, benchmark against organisations
- Develop a template to provide an annual report to the appropriate Committee demonstrating the progress made towards achieving each strategic objective . This will include:
  - the work done on each Planning Objective through the year,
  - an analysis of the Outcome Measures and if they are on trajectory, etc to establish whether the Planning Objectives are having the desired effect and are helping to achieve the overall strategic objective.
  - Present report to Executive Team for decision on the future of Planning Objectives (ie continue, stand down, reprioritise, investment decisions, develop new, etc). This will need to feed into IMTP process.
  - Review principal risks aligned to Planning Objective

Supporting our work on the Planning Objectives will be our Transformation Steering Group (TSG), The role of the Transformation Steering Group has continued to develop, in order to debate and hone new Planning Objective proposals for the Board to consider. The Transformation Steering Group does this by sponsoring or undertaking research in areas requested by the Board, and also directly from our staff, partners, stakeholders, public and thought/industry leaders.

Alongside this is our Strategic Enabling Group whereas the Transformation Steering Group is focussed on providing new ideas through additional or revised Planning Objectives, the Strategic Enabling Group is focussed on building the general capabilities of the organisation to better or more effectively deliver the Planning Objectives already agreed.

There is a Technical Document available on request for Research and Development

STRATEGIC OBJECTIVE 4 – The best health & wellbeing for our communities

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Planning Objectives (PO) covered in this section

Planning Objective	Description	Planning Objective	Description
4A	Public Health Delivery Targets	4P	COVID Recovery and Rehabilitation Service
4B	Public Health Local Performance Targets	4J	Regional Well-being Plans
4D	Public Health Screening	4G	Healthy Weight: Healthy Wales
4C	Transformation Fund Schemes	4Q	Community Care Support to reduce non-elective acute bed capacity
4K	Health Inequalities	4I	Armed Forces Covenant
4N	Food system	4R	Green Health and Sustainability
4O	Food & health literacy pilot	4S	Improvement in Population Health
4H	Emergency planning and civil contingencies	4T	Continuous engagement implementation
4M	Health protection	4L	Social Model for Health and Wellbeing
4U	Community proposals for place-based action		

Latest Board Assurance Framework (BAF) as of March 2022

Look back — Current delivery — Look forward
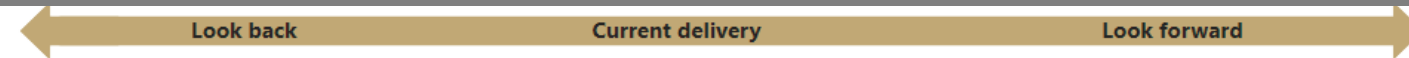
Strategic Objective	Outcomes				Planning Objectives				Principal current risk ratings				Assurance				
	Improving Variation	Expected Variation	Concerning Variation	Other	Complete	Ahead of schedule	On Track	Behind schedule	Extreme	High	Moderate	Low	1st	2nd	3rd	Sufficient Assurance	Control RAG
4. The best health & wellbeing for our communities				7			5	2	1	2			2	8	2	No	

For the latest position of the BAF please click on the following link https://www.powerbi.com/view?r=eyJrIjoiYzg0NDdiMzAtYzE3Ni00ZjU0LWIyMjEtMzFiZWJjYjhlNzdmIiwidCI6ImJiNTYyOGI4LWUzMjgtNDA4Mi1hODU2LTQzM2M5ZWRjOGZhZSJ9

In summary for this period, the BAF shows that:
- None of the 7 outcome measures currently have enough data points to establish a statistical trend
- Of the 7 Planning Objectives 5 are on track; and 2 are behind
- 2 of the risks are categorised as high; and 1 as extreme (wrong value set for best health and well-being)

Key risks being monitored for SO 4 are:
- Increasing uptake and access to public health interventions
- Wrong value set for best health and well-being
- Broadening or failure to address health inequalities

Our key deliverables for 2022/23

Our Key Deliverables/Milestones	Q1	Q2	Q3	Q4	Ministerial Priorities	Hywel Dda Priority Areas 2022/23
4K. Develop a process to measure and evaluate the outcomes of the Community Development Outreach Team support to individuals and communities to understand what support has the greatest impact.		✓			Working alongside social care	COVID Response / Integrated Locality Planning
4C. The Health Board will contribute to establishing a Health and Social Carer Regional Integration Fund plan which will be approved through RPB.		✓				
4I. Strengthen processes for gathering information and reporting the health board's action and progress against the Armed Forces Covenant				✓		
4J. In collaboration with the PSBs, develop well-being objectives that respond to the needs identified in the Well-being Assessment to include in the Well-being Plan				✓		
In partnership and with agreement with stakeholders, based on all academic, thematic and engagement work to date produce a Social Model for Health and Wellbeing Process Report that articulates how we move the system towards a SMfHW		✓				
4G. Increase the accessibility of weight management services by introducing self-referral routes into level 2 and 3 services alongside the development of a communication strategy	✓				A Healthier Wales	
4N. Compile and communicate with partners a report that demonstrates positive examples of action that has optimised the food system	✓					
4M. Establish a core TB service capable of responding to outbreaks and incidents and with increased screening capacity				✓		
4T. Agree a process for monitoring and evaluating continuous engagement with seldom heard groups and individuals with protected characteristics.		✓			NHS Recovery	

Our key outcomes for SO 4 are:

	Theme	Outcome	Measure
The best health & wellbeing for our communities	Population	Our communities feel happy, safe and are able to live life to the full	Mean mental well-being score
	Health and Wellbeing	Our communities have opportunity from birth to old age to be healthy, happy and well informed	Percentage of adults who have fewer than two healthy lifestyle behaviours
	Equity	Our communities have a voice and are able to fulfil their potential no matter what their background or circumstance	Healthy Life Expectancy at birth including the gap between the least and most deprived

STRATEGIC OBJECTIVE 4 – The best health & wellbeing for our communities

Public and Population Health and Wellbeing

Improving Performance (PO 4A & 4B), Screening (PO 4D), Public Health Protection (PO 4H), Surveillance and Prevention (PO 4M), Reducing Health Inequalities (PO 4K), Improving Population Health (PO 4S)

We are making a transformational shift towards supporting people to live well by promoting wellbeing and preventing ill health. Building on the wellbeing goals and commitments set out in the Health and Wellbeing Framework we have an opportunity to adopt new approaches and solutions to reduce health inequalities and achieve a healthier and more resilient Hywel Dda. We recognise the shared responsibility to act on all determinants of health by supporting partners to create new and sustainable opportunities to support our economy and build on the positive impacts of current COVID-19 mitigation strategies such as increasing digital inclusion and using and supporting community assets and resources.

Health protection remains critical (Planning Objective 4H), including managing Tuberculosis (Planning Objective 4M) and other community spread infectious diseases effectively requires resources to ensure we protect the health of our population. Minimising the spread and mitigating the impact of these in the community, both in terms of health but also the wider determinants of health and well-being which result e.g. impact on employment, poverty is a key priority working with our partners, so that we can provide:
- A sustainable health protection service able to mobilise quickly to respond to outbreaks and incidents.
- A proactive service with planning capabilities, able to work with infection prevention and emergency planning colleagues in the across organisations to ensure space for training, quality improvement and innovation in all aspects of health protection

This will be underpinned by the development of a Health Protection Hub, to help us protect the health of our residents through minimising the spread and mitigating the impact of infectious diseases in the community

The recent pandemic has shown that certain groups within our wider population require further support, such that there is:
- Increased direct engagement between ourselves, and other trusted intermediaries, ethnic minority communities and vulnerable groups, individuals, families and communities.
- Improved provision of accessible and responsive services to vulnerable groups.
- Communities are more empowered to participate in actions to improve health and well-being including: public health screening, smoking cessation, and benefit from public health promotion.
- Increase vaccination uptake within the Black, Asian and Ethnic Minority communities.
- Enhanced community links with ethnic minority communities and vulnerable groups, to support community cohesion actions and remove barriers to accessing services.

Working with our partners – Transformation Funded Schemes (PO 4C), Social & green solutions for health (PO 4R), Working with the Regional Partnership Board (RPB) (PO 4J)

Along with the rise in outdoor exercise, engaging with nature played a key role in maintaining people's physical and mental health and overall wellbeing during the COVID-19 pandemic and associated lockdowns. The importance of green and blue spaces to people's wellbeing has increasingly been recognised, but access to them is unequally distributed. Being poor, less educated, living in a deprived area, being unemployed and also being from an ethnic minority all negatively impact people's access to the benefits nature can provide. The University Health Board is also working with its three Public Services Boards and with the Regional Partnership Board (RPB) on a joint objective to co-ordinate activity that promotes social and green solutions for health and wellbeing. 'Green health' has been a strong aspect of our with a range of projects creating green space and improving people's access to it. Our internal work on green health to benefit staff, patients and visitors complements the work we seek to do with partners and our communities.

The University Health Board has been working closely with its three local authorities and other partners to delivery collaborative projects which drive forward integration using the Transformation Fund and Integrated Care Fund. From April 2022, these funding streams are being replaced by the Health and Social Care Regional Integrated Fund which provides a 5-year funding programme to create sustainable system change with a strong focus on: prevention and early intervention; creating long term pooled fund arrangements; developing and embedding national models of integrated care; actively sharing learning across Wales; and sustainable long term resourcing to embed and mainstream new models of care.
- Public health challenges are clearly articulated within the Well-being and Population Assessment documents.
- The public health data and health and well-being needs are used to shape the refreshed Public Service Board Well-being objectives and Well-being Plans.
- The public health data and health and well-being needs are used to shape the refreshed RPB Area Plan.

With respect to the RPB Area Plan, the key outcomes of this work are:
- Public health challenges are clearly articulated within the Well-being and Population Assessment documents.
- The public health data and health and well-being needs are used to shape the refreshed PSB Well-being objectives and Plans.
- The public health data and health and well-being needs are used to shape the refreshed RPB Area Plan.

STRATEGIC OBJECTIVE 4 – The best health & wellbeing for our communities

Food and Health including Healthy Weight: Healthy Wales (PO 4G); Food Health Literacy (PO 4O) and our Food System (PO 4N)

Healthy Weight : Healthy Wales

As part of the implementation of the Healthy Weight : Healthy Wales strategy, weight management services are required to meet the standards of the revised All- Wales weight management pathways - one for adults and another for children, young people and families. We will work together across the system to ensure our:
- Children have the best start in life, and they and their families are supported and enabled to maintain a healthy weight - making the healthy choice the easier choice
- Adults are supported and enabled to achieve or maintain a healthy weight throughout adulthood and as they grow older.

As part of the implementation of the Healthy Weight:Healthy Wales strategy, weight management services are required to meet the standards of the revised All- Wales weight management pathways - one for adults and another for children, young people and families. We will work together across the system to:
- Strengthen the capacity and reach of the level 3 weight management service for adults
- Develop a diversity of evidence based level 2 services to meet a range of needs
- Develop the model of delivery for children and families to include guidance, training and skills development to others working in proximity to the child/ family
- Develop a suite of effective family interventions and strengthen pathways to specialist support/services.
- Strengthen healthy weight provision for expectant and new mothers

Food Health Literacy

We are committed to supporting our children to understand the importance of food health, therefore we are introducing a Planning Objective to develop and implement a food health literacy programme for Year 5 children - either as part of the formal curriculum or as a voluntary extra curricular programme - with a pilot taking place in 2022/23. Over the subsequent 3 years, this plan should seek to deliver the programme in at least one location in each county with the aim to have it in place for all Year 5 children over a 10 year period (2022/23 - 2032/33)

Our Food System

We recognise the fact that the food system in its widest sense, has a real impact on the health and wellbeing of the population it serves. A good diet is a fundamental building block for good health, disease prevention and improved outcomes for patients who use NHS services. The scope of this project encompasses engagement with food system as a whole, from farm to fork. It will concentrate on engaging partners and stakeholders who impact primarily on the food system in the Hywel dda footprint, but will entail working with system leaders from all parts of the food chain and beyond. The project will attempt to understand, and identify the challenges and opportunities inherent in the system, and maximise its impact, to improve the wellbeing of the population it serves.

The overall aim of this work is to identify opportunities to optimise the food system as a key determinant of well-being, which will be achieved in a number of phases. Key outcomes of this work will include:
- A detailed and reliable map of the whole food system in Mid and West Wales, that articulates the connections and disconnects that impact population health and wellbeing.
- A body of relevant and timely evidence that can provide information and intelligence to us and our partners about the food system and its impact on health and wellbeing in the region.
- A well-established stakeholder group from across the food system that identifies planning objectives - both new and current - to enable the University Health Board to optimise the food system as a factor in population wellbeing.

Making Nutrition Matter

Our work on food and nutrition is also being taken forward as part of the Making Nutrition Matter - this centres on reducing the risk of malnutrition in our patients both in acute and community settings. This was a Planning Objective for 2021/22, but is being mainstreamed through 2022/23 such that we will:
- Establish a multi-agency Malnutrition Task Force: building on early engagement and moving to collective whole system action
- Work upstream to prevent, identify sooner, manage and de-escalate people who are at risk of malnutrition. This will be underpinned through the widespread roll out of malnutrition self-screening (developed 2022 and recently launched in Hywel Dda), working with front door, out-patient and community teams, partner agencies, and key third and voluntary sector organisations
- Embed and spread the Nutrition Champion model (currently acute ward focussed) capturing the outcomes and impacts of quality improvement and initiatives
- Deliver targeted training and education focussing on teams working with those at greatest risk including care settings and frailty teams
- Work with the value based healthcare team to demonstrate the local system impact of preventing and addressing malnutrition

STRATEGIC OBJECTIVE 4 – The best health & wellbeing for our communities

Supporting our work through Social Prescribing and our work on the Social Model for Health and Wellbeing (PO 4L); and development of place-based actions (PO 4U)

Our work on the social model for health and wellbeing (PO 4L) is critical in supporting this entire Strategic Objective but specifically our approach to public and population health and wellbeing. The work three key elements to it are:

Discover:
- Using the best available information, from academic research, and literature review, and system leader and population expert interviews, we will collect data on what excellent examples of a Social Model for Health & Well-being look and feel like
- We will celebrate the progress to date in Mid and West Wales and collate and communicate the findings to our teams, our partners and our population.

Design: Through co-production with all stakeholders we will secure whole system agreement on a working definition of a social model for health and well-being for Mid and West Wales. The model will resonate and be relevant for all partners, on the specific needs and demands of our population; our geography; that is applicable at all stages of life and at all stages of health

Deliver: Agree and implement a process to ensure new planning objectives meet the requirements of the social model for health and wellbeing

The planning objective will:
- Contribute to a process that enables the generation of new service proposals that reinforces and/or shifts the direction of service development, to meet our vision of a social model for health and wellbeing.
- Create a working definition and description of what a social model for health and wellbeing could mean to the our communities, University Health Board, and partners.
- Develop a process for learning innovation, and research to generate new thinking and also planning proposals.

The place-based action work (PO 4U) centres on developing a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVA which includes an initial phase of development for community leaders, which includes asset mapping and identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community, and would be owned by the local community. As part of this work, identify sources of funding and a funding mechanism that facilitates community ownership and is for at least 3 years. This work strongly supports not only PO 4L but our wider work of A Healthier Mid and West Wales.

Working with our stakeholders – continuous engagement (PO 4T)

Our Framework for Continuous Engagement developed in partnership with the Community Health Council, outlines our vision, principles and benefits of a continuous engagement approach, whilst noting how the University Health Board will deliver and monitor activity to ensure we are making a difference. The benefits of a continuous engagement approach means that patients, carers, service users, citizens, staff and partners work together to design services that better meet the individual and community needs. This approach improves services and means that resources can be more efficiently focused.

A flexible and accessible approach is vital to ensure we are listening to all communities, including people with protected characteristics, those whose first language is not Welsh or English and individuals who are seldom heard. We will sometimes need to listen and have conversations with particular communities about specific services or issues that are important to them. We will need to make it easier for people to have these conversations with us. When considering changes which have an impact on communities, we will base this engagement on our seven localities. This will support working in an integrated way across not only health and social care but with public health, other public sector organisations, the third sector, housing, education and many other services.

For changes involving the re-design of service pathways, our engagement will be prioritised according to those areas we have outlined in our strategy and ongoing planning approach, which are aligned to our future community and hospital models that we are developing in collaboration with our partners. We will also continue to engage on the impact of potential changes that relate to action being taken now to work in more efficient and productive ways. Our detailed continuous engagement plan will outline the following components - our Approach, Method, Mechanisms and Metrics, as we aim to achieve good standard practice in continuous engagement. The implementation of our new Continuous Engagement Plan will aim to achieve the following outcomes:
- Improved services that better meet both individual and community needs with more efficiently focused resources that ultimately impact positively on the Health and Wellbeing of our communities through listening and acting on our public's views
- Increased public confidence and trust in our reputation
- Greater ability of service users to influence services and be better informed
- More open and progressive policy making that reflects collaborative working, opportunities for co-design and better outcomes for our communities
- Improved decision making which is driven by public feedback
- Enhanced visibility of Health Board values due to open and transparent communication
- Upskilled staff that understand and appreciate the benefits of continuous engagement

The Engagement Team provides both continuous engagement with our public around current and future activities, and more focused engagement and consultation around service changes. The team also provides advice and support to other functions about how to engage with stakeholders. The team is focused on three priorities:
- Implementing and embedding continuous engagement: this involves providing training on continuous engagement and our duties to engage / consult around service changes; implementing structures and mechanisms to support continuous engagement; and introducing a continuous engagement toolkit, including guidance and templates
- Engagement and consultation around service changes: this includes engagement with the public about service changes that took place in response to the pandemic
- Communication and Engagement plan for a Healthier Mid and West Wales / Programme and Outline Business Cases: this will set out how we communicate and engage with the public, patients and staff about our future models of care (acute and community), and our strategic case for change

STRATEGIC OBJECTIVE 4 – The best health & wellbeing for our communities

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Supporting our population - Long COVID (PO 4P)

Long COVID
Welsh Government and wider National guidance recommended appropriate and accessible rehabilitation services are available for people directly and indirectly affected by COVID-19, including services for those suffering from its longer-term effects.   Whilst the majority of people with ongoing Post COVID symptoms show improvement between 4 and 12 weeks, some require deeper assessment and rehabilitation.

The service aims to enable patients to take control and responsibility for their ongoing health and wellbeing, and equip them with skills and knowledge to manage their ongoing rehabilitation needs. With support from multi professional rehabilitation professionals, including Therapy assistant Practitioner, Occupational Therapists, Physiotherapists, Dietitians, Psychologists and Advance Nurse Practitioner, the service provides a comprehensive individualised person-centred assessment utilising NICE recommended Long COVID assessment tools.

Presentation and rehabilitation needs of Long COVID are diverse and patients require different types of services than those previously provided. Moreover, the same patient could require different services at different stages in their recovery. A well-planned and effective response provides long-term benefits, capitalising on efforts made during the acute response to the pandemic, and continues to reduce pressure on the wider unscheduled care system by managing and preventing secondary complications of Long COVID. We have made significant process in setting the service up, but are continuing in its development.

Key service and additional provision to support and manage key symptom areas over the next year include:
- Additional clinical psychological support for Memory & Cognitive disorders, Depression, Anxiety and Insomnia;
- Increased in staged interventions for Respiratory rehabilitation and Disordered breathing management via pulmonary rehabilitation, therapy assistant practitioners supporting dysfunctional breathing pattern disorder, and fatigue management;
- Myalgic and Arthralgic symptom management;
- Use of smart technology to enable remote monitoring of physiology (e.g. Heart Rate, Oxygen Saturation, proprioception);
- Engage with National Exercise On Referral Scheme (NERS) to support a sustainable service provision;
- Sessional support from General Practitioner with Special Interest in Long COVID Management to support more complex service users and reduce demand upon Primary and Secondary Care colleagues;
- Development of multi modal slow stream rehabilitation for population groups 2,3 and 4 as described within the National Rehabilitation Framework
- Explore opportunity to expand current Long COVID Syndrome Service to create robust and resilient services for provision of other post-viral syndromes such as Myalgic encephalomyelitis and Chronic Fatigue Syndrome, which are not currently provided within the University Health Board.

Working with homeless and vulnerable groups (HaVG) and Supporting our Armed Forces (AF) (PO 4I)

Working with homeless and vulnerable groups (HaVG)
Coordinate the development, review and implementation of a health board plan, working collaboratively with stakeholders to drive service improvements and equality and equity for all leading to:
- Increased visibility at Board level of the work being taken forward to demonstrate leadership in driving improved health and well-being outcomes for HaVG and for people with sensory loss
- Evidence of more collaboration and improved sharing of information between directorates, treating the HaVG and people with sensory loss as a priority
- Improved awareness and understanding of the changing profile and health needs of HaVG and people with sensory loss, including evidence of early engagement and work around assessment of all public and patient areas to ensure accessibility for people with sensory loss
- Evidence of a full range of activities and accessible health and specialist services for HaVG and for people with sensory loss
- Evidence of action plans for staff to drive forward improved outcomes for HaVG and people with sensory loss
- Increased awareness and usage of available language interpretation services

Supporting our Armed Forces (AF)
Co-ordinate the development of a University Health Board plan to drive forward improved outcomes for Veterans and members of the Armed Forces (AF) community, in line with the Armed Forces Covenant, leading to:
- Improved awareness among GPs, consultants, allied health professionals and administrative staff, when making referrals for diagnosis or treatment, or arranging waiting lists, to provide priority treatment for veterans suffering from health conditions directly related to their Service
- Increase in the number of veterans, reservists and family members of the Armed Forces in employment in the health board
- Through the AF Staff Network provide support for veterans, reservists and members of the AF community in the workplace to improve staff wellbeing and productivity
- Proactive engagement with members of the AF Staff Network, actively seeking their views and experiences as part of the health board's approach to continuous engagement and valuing the voice and input of staff

Integrated Enhanced Homebased Care (PO 4Q)

As part of the new Welsh Government mandate around **Community Care Capacity Building,** creating 1000 bed capacity, we have agreed through this Planning Objective that by October 2022, through a rapid expansion of community care, support more Hywel Dda residents to remain / return home with the objective of 120* fewer non elective patients in hospital beds on a daily basis The scope is to
- To grow the total homebased care workforce in the community on a sustainable basis.
- To develop a consistent and regional set of principles which can be owned and implemented as most appropriate in each County System.
- The focus of the teams will be to support independence, reablement or enablement and the Home First principles.
- We seek to do this in partnership recognising the impacts on the experience and outcomes for individuals and the wider population.
- We seek to share the responsibility and risk in the design, implementation and resourcing and will ensure senior consistent representation in a regional steering group and local Operational Delivery Groups.

The key outcomes will be:
- 80 occupied bed efficiency by October by increasing front door turnaround and recuing overall LOS by 1 day for people over 75 years – 100 beds by March 2023
- 100 occupied bed efficiency by October by increasing front door turnaround and recuing overall LOS by 1 day for people over 65 years.

This is a realistic assessment of achievable delivery. It is expected that through reducing the decondition that people experience following long lengths of hospital stay, and the timely intensive intermediate care provision, that there will be a reduction in care packages. This will be monitored as part of the programme.
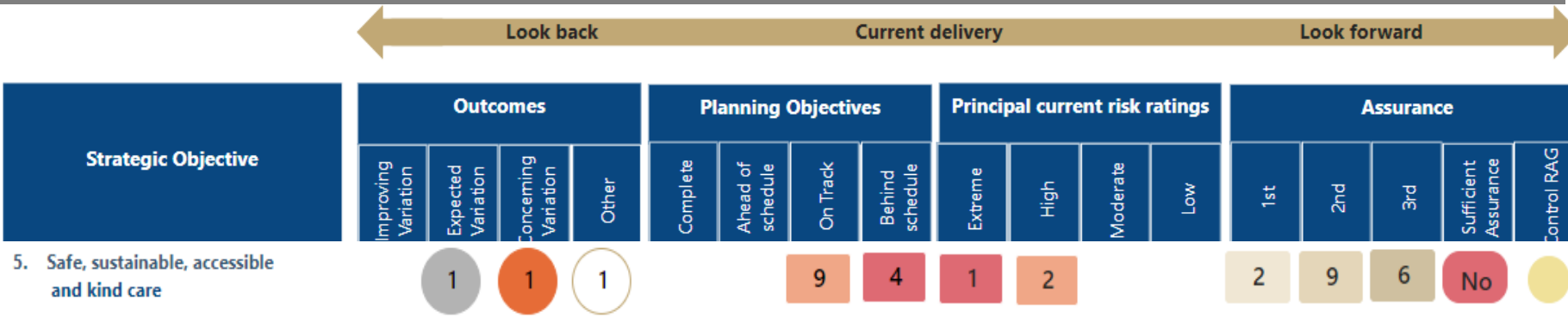
STRATEGIC OBJECTIVE 5 – Safe, Sustainable, equitable and kind care

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Planning Objectives covered in this section

Planning Objective	Description	Planning Objective	Description
5A	NHS Wales Delivery Framework Targets	5N	Implement National Network and Joint Committee Plans
5B	Local Performance Targets	5O	Fragile Services
5C	Business Cases for A Healthier Mid and West Wales	5Q	Asthma Pathway
5J	24/7 emergency care model for Urgent and Emergency Care	5H	Integrated locality plans
5K	Clinical effectiveness self assessment process	5R	Digital Inclusion
5F	Bronglais Strategy	5P	Market Stability Statement
5G	Transforming Mental Health and Learning Disabilities implementation	5S	Palliative Care and End of Life Care Strategy
5I	Children and young people services improvement	5T	Complex Health and Care Needs
5M	Implementation of clinical and all Wales IT systems	5U	Community and non-clinical estates strategy
5V	IMTP and operational planning	5W	Liberty Protection Safeguards
5X	Quality Management System		

Our key deliverables for 2022/23

Our Key Deliverables/Milestones	Q1	Q2	Q3	Q4	Ministerial Priorities	Hywel Dda Priority Areas 2022/23
5F. At Bronglais develop a whole system multi-disciplinary plan for frailty pathway to include community based frailty step down reablement/rehabilitation capacity			✓		Working alongside social care	Integrated Localities
5G Fully implement the Mental Health Single Point of Contact via the National 111 Service 24/7.	✓				Mental health and emotional well-being	
Commence Home-for-Life Care Home Design Pilot (16 care homes) in Carmarthenshire Local Authority. Care Home [advanced] evidenced based Best Practice Dementia training will be rolled out to care homes incorporated within a 'Stepped Care' support bundle (selected Care Homes piloted).				✓		Planned Care Recovery
5A&B Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required				✓		Urgent and Emergency Care
5C. Welsh Government endorsement of the Programme Business Case following scrutiny process		✓			NHS Recovery	
5I. Children and Young people's working group to develop an implementation plan				✓		
5J: Implementation of Health Board wide UPC pathway			✓			

Latest Board Assurance Framework (BAF) as of March 2022

In summary for this period, the BAF shows that:
- 1 of the 3 outcome measures is currently within expected variation; 1 has concerning variation; and 1 does not currently have enough data points to establish a statistical trend
- Of the 13 Planning Objectives 9 are on track; and 4 are behind
- 2 of the risks are categorised as high; and 1 as extreme (Insufficient investment in facilities/equipment/digital infrastructure)

Key risks being monitored for SO 5 are:
- Comprehensive early indicators of shortfalls in safety
- Insufficient investment in facilities/equipment/digital infrastructure
- Implementing models of care that do not deliver our strategy

Our key outcomes for SO 5 a

|	Theme	Outcome	Measure
Safe, sustainable, equitable and kind care	Safe	We minimise harm for the patients in our care	Number of incidents resulting in harm to our patients across the whole system
	Sustainable	We have a stable and sustainable workforce	Turnover rate in 1st year of service
	Accessible	Our patients can access services in a clinically appropriate timescale	% high risk planned care patients are seen within a clinically appropriate timescale
	Kind	We maximise the number of days that people spend well and healthy in their own home	Bed day occupancy for those aged 75+

Modelling our Bed Capacity and Demand

Current Position

Working with our data analytics partner we have extensively analysed the patterns of bed demand as we emerge from a highly atypical period. Early COVID waves substantially reduced the number of patients admitted to hospital for non-COVID conditions and, initially, led to fewer delays in discharge. Multiple waves of COVID over a two-year period has meant that, until recently, bed demand had not fully returned to pre-COVID levels. Even now the system has not returned fully to a pre-COVID state, with differential impacts across sites and categories of patients. This makes the planning for bed capacity more uncertain than it ever was pre-COVID.

Initiatives such as Same Day Emergency Care, Community Same Day Urgent Care with outreach and wrap around services and Urgent Primary Care have demonstrated an impact on hospital demand providing an alternative to admission. Unsurprisingly this has been particularly evident in the shorter stay patient cohorts. At the other end of the inpatient process we have seen length of stay increase, driven by increased discharge delays. This has offset the efficiency gains, resulting in bed pressures and restricting our ability to resume elective activity.

Emergency Admissions
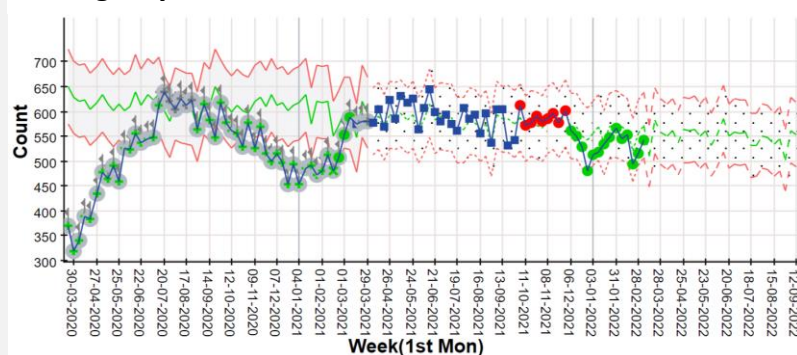

Beds Occupied > 21 days
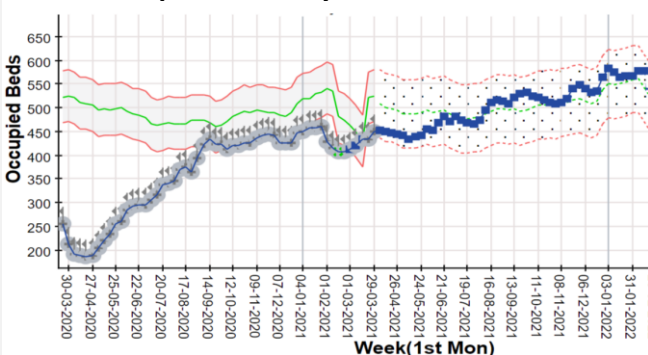
Following the emergence from winter into summer there are indications of improvement which has allowed us to reinstate elective bed capacity and, in recent weeks, contributed to fewer delays at our Emergency Departments. Protected elective beds are now in place across our sites, with plans for a further 10 beds at Glangwili to support reinstatement of ENT and Urology inpatient operating. This will provide up to 98 inpatient beds for electives across the University Health Board, in addition to the daycase capacity which will, by the beginning of May, include the new two-theatre day surgery unit in Prince Philip.

The work being done on Urgent and Emergency care, in conjunction with our plans for home-based care, is expected to deliver a reduction in demand of 100 beds by the end of March 2023. Whilst there is confidence in the opportunity and the delivery of the programme it is recognised that this is a substantial acceleration of the original benefits realisation and is unprecedented in its scale impact. This is however commensurate with the challenge facing the health and care system post-pandemic.

Recognising the current challenges our expectation is delivery of these plans will allow the following improvements through 2022-23: decongestion and reduced delays at the front-door including an improvement in ambulance response times (phase 1); protected bed capacity for ENT and Urology inpatients in Glangwili (phase 2); dedicated winter surge capacity to allow continued protection of elective beds (phase 3); bed reductions, initially to support safe staffing levels (phase 4a) and subsequently to support delivery of our financial route map (phase 4b).

Medium-Term Plan

Over the past two years the University Health Board has made extensive use of data analytics to understand the factors driving demand for hospital beds, to identify opportunities to improve pathways for patients and reduce harm. This work identified, through benchmarking, that Hywel Dda has comparatively long hospital stays and opportunities existed to reduce short-stay admissions. As mentioned earlier significant progress has been made with this latter category following the introduction of Same Day Emergency Care units across the University Health Board.

Condition-level analysis has also identified four population cohorts, often overlapping due to multiple co-morbidities, that are particularly important to hospital admission rates and bed occupancy. Improvement work has commenced on Frailty and Heart Disease pathways, across primary and secondary care and using a Value Based Health Care approach, to re-model care.
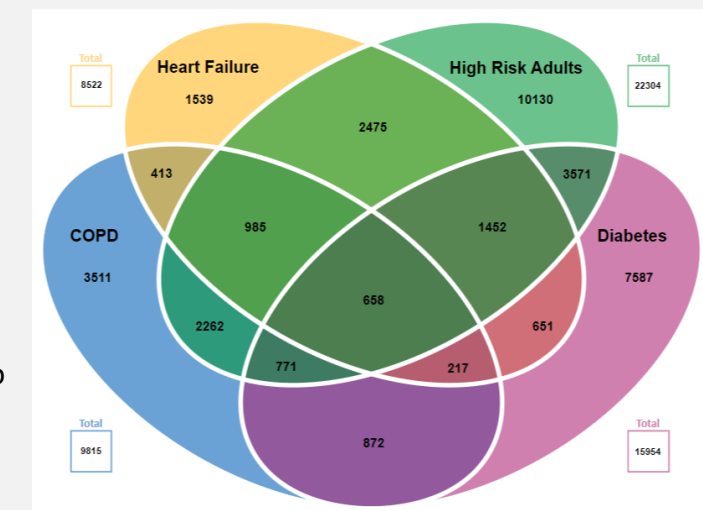
In addition, several other planning objectives detailed in this plan are expected to contribute to reducing the likelihood of hospitalisation for patients and promote early discharge when admission is necessary. These include 5H, 5J, 5S, and 5Q, which are expanded upon later. Across all these areas we have identified opportunities totalling 150-200 patients who are currently occupying a hospital bed who could have their needs more appropriately met in their communities if the right service was available for them. The first area we are targeting is the Heart Failure pathway where the Value Based Health Care team and Service Improvement team have worked with primary and secondary care to fundamentally redesign the pathway. This new model was finalised and endorsed by the Health Board during quarter one and is now in implementation phase.

Alignment with A Healthier and Programme Business Case

Our design assumptions (see page 6) set out our ambitions to change models of care in line with the principles of our strategy. When looking at bed requirements we anticipate that demographic changes, in particular the ageing of our population, will lead to an increase in demand. This has been modelled and is predicted to push up the demand for beds by an additional 194 beds over 10 years, prior to any efficiencies or model changes. Over the period we have set out, through our design assumptions and based on our opportunities analysis, to reduce admissions for Ambulatory Case Sensitive conditions and shorten length of stay to bring it in line with peers across the UK. As mentioned above this equates to 150 – 200 beds and therefore we expect to broadly offset demand over the 10-year period. However, given the importance of this to patient experience and the medium-term sustainability of our services, we are committed to delivering these new service models in the first half of the new decade (indeed good progress has been made with the ACS admissions as demonstrated on the left). This means we anticipate bed demand to decrease over the next three-year period before demographic pressures begin to steadily push it back up again. This will of course be an iterative process and these projections will be updated at regular intervals.

STRATEGIC OBJECTIVE 5 – Safe, Sustainable, equitable and kind care

Planned Care Services – Implications for Delivery and our Trajectories

Our delivery plan anticipates a return to pre-pandemic outpatient capacity through July 2022 (plans include 20% See on Symptoms /Patient Initiated Follow-ups achievement and additional capacity where achievable). Due to a significant shortfall in supporting theatre staffing and Anaesthetic workforce capacity, we do not anticipate a return to pre-COVID activity levels for theatres until late 2022. Step improvements in our performance will come through the opening of our new £20m Day Surgery Unit at Prince Philip Hospital. The Unit has been designed in line with current COVID-19 guidelines and being an independent modular unit, creates a COVID-19 green environment that can maximise throughput of patients. The Unit has two Laminar Flow Theatres and will be utilised to treat a range of day case procedures, in Orthopaedics and General Surgery in particular. When fully operational, we expect this new facility to support delivery of over 4000 procedures per year.

Trajectories - by March 2023 we aim to have improved our performance from our March 2022 position such that:

Measure	March 2022 position	December 2022 position	March 2023 position
Number of patients waiting more than 104 weeks for treatment	8,705	5,326	4,087
Number of patients waiting more than 36 weeks for treatment	30,542	22,533	17,114
Percentage of patients waiting less than 26 weeks for treatment	56.7%	54.0%	52.5%
Number of patients waiting over 104 weeks for a new outpatient appointment	3,996	0	0
Number of patients waiting over 52 weeks for a new outpatient appointment	12,850	4,632	2,573
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	18,941	15,145	13,645
Number of patients waiting over 8 weeks for a diagnostic endoscopy	1,182	966	774

Our delivery plan is predicated on the following delivery assumptions:
• Continued concentration of in-patient orthopaedics at Prince Philip and Bronglais for the remainder of 2022/23 with short/overnight stay patients to be managed via Withybush Hospital. This is consistent with guidance provided by GIRFT following the recent review of orthopaedic services across Wales.
• Continued concentration of major colorectal surgery at Prince Philip and Bronglais hospitals with short stay surgery undertaken at Withybush Hospital to help maximise the volume of patients who can be treated.
• Commencement of new Prince Philip Day Surgical Unit with incremental capacity expansion through 2022
• Successful recruitment of required theatre nursing & Anaesthetic workforce to support theatre capacity expansion plans
• Successful delivery of our urgent and emergency care transformation plans to ensure release & protection of elective bed capacity

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STRATEGIC OBJECTIVE 5 – Safe, Sustainable, equitable and kind care

Planned Care Services – Delivery Ambitions for 2022/23

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Planned Care – Referral to Treatment	• 80%+ of pre-COVID levels for elective activity • 80%+ % of pre-COVID activity levels for new Out Patients • Complete validation of full waiting list (14k records removed) • Establish Enhanced Care Unit at Prince Philip • Re-establish dedicated elective wards at Prince Philip (x 2), Bronglais (x1) and Withybush (x1) • Reduce Stage 1 52 week cohort below 25k • Reduce 104 week cohort below 19k • Reduce Stage 1 52 week breaches below 13k • Reduce 104 week breaches below 8k • Reduce Stage 1 waiting list below 51k • Reduce Total RTT pathway below 80k	• Increase to 90% % of pre-COVID theatre sessional capacity (internal) • Exceed 100% of pre-COVID clinic sessional capacity (internal) • Increase See on Symptoms (SOS) / Patient Initiated Follow-Ups (PIFU) delivery to 20% • Exceed 25% virtual clinic delivery • Commence activity via Prince Philip Modular Day Case Unit & Amman Valley Eye Care Theatre • Eliminate 3 year waits • Reduce Stage 1 52 week cohort below 12k (subject to confirmation of solutions) • Reduce 104 week cohort below 19k • Reduce Stage 1 52 week breaches below 9k • Reduce 104 week breaches below 6.5k • Reduce Stage 1 waiting list below 46k • Reduce Total RTT pathway below 76k	Health Board ambitions align with Welsh Government measures • Increase to 100% % of pre-COVID theatre sessional capacity (internal) • Exceed 110% of pre-COVID clinic sessional capacity (internal) • Achieve at least 33% virtual clinic delivery • Reduce 104 week cohort to range between 7-9k (subject to confirmation of solutions) • Reduce 104 week breaches below 5.5k (subject to confirmation of solutions) Health Board ambitions align with Welsh Government measures beyond 2022/23 • Expand capacity through Modular Unit to 20 sessions per week min (subject to staffing) • Expand capacity via Amman Valley Eye Theatre to 10 sessions per week (subject to staffing) • Reduce Stage 1 waiting list below 42k • Reduce Total RTT pathway below 74k Health Board ambitions do not yet deliver Welsh Government measures • Reduce Stage 1 52 week cohort to range between 0- 5k (subject to confirmation of solutions) • Reduce Stage 1 152 week breaches to range between 0- 5k (subject to confirmation of solutions)	Health Board ambitions align with Welsh Government measures • Exceed 100% % of pre-COVID theatre sessional capacity (internal) • Eliminate Stage 1 52 week cohort (subject to confirmation of solutions) • Eliminate 52 week breaches (subject to confirmation of solutions) Health Board ambitions align with Welsh Government measures beyond 2022/23 • Exceed 110% of pre-COVID clinic sessional capacity (internal) • Deliver 30% reduction in delayed follow ups (>100%) by end of Q4 • Achieve >70% Single Cancer Pathway (progress towards 80% by March 26) • Overall reduction in the 52 week waits for treatment (progress towards March 25 ambition) • Further reduce Stage 1 waiting list below 40k • Reduce Total RTT pathway below 68k Health Board ambitions do not yet deliver Welsh Government measures • Reduce 104 week cohort to range between 1.3k to 4k (subject to confirmation of solutions) Reduce 104 week breaches to range between 1.3k to 4k (subject to confirmation of solutions)
Diagnostics and Therapies		• Utilisation of Clinical Nurse Endoscopist capacity to increase sessions • Additional planned sessions (up to 8 per month)	• Expansion of Clinical Nurse Endoscopist capacity to further increase capacity • Additional planned sessions (up to 8 per month) • External outsources endoscopy capacity (to be confirmed)	• Diagnostic & Therapies delivery trajectories awaiting sign off via Health Board internal governance mechanisms

Transformation (directly influencing Activity / Waiting Lists)	• Increase Sos/PIFU coverage across OP specialties	• Increase SOS / PIFU delivery to 20%
		• Exceed 25% virtual clinic delivery
		• Progress OP Transformation priorities:
		  • Diabetic retinopathy
		  • Glaucoma
		  • Video Group Consultations
		  • Virtual Orthopaedic Rehabilitation
			• Achieve at least 33% virtual clinic delivery
			• Progress OP Transformation priorities:
			  • Diabetic retinopathy
			  • Glaucoma
			  • Video Group Consultations
			  • Virtual Orthopaedic Rehabilitation
				• Progress Out Patient Transformation priorities:
				  • Diabetic retinopathy
				  • Glaucoma
				  • Video Group Consultations
				  • Virtual Orthopaedic Rehabilitation

Operational Efficiency (directly influencing Activity / Waiting Lists)	• Establish Enhanced Care Unit Prince Philip • Re-establish dedicated elective wards at Prince Philip (x 2), Bronglais (x1) and Withybush (x1)	• Commence activity via Prince Philip Modular Day Case Unit & Amman Valley Eye Care Theatre	• Expand capacity through Modular Unit to 20 sessions per week min (subject to staffing) • Expand capacity via Amman Valley Eye Theatre to 10 sessions per week (subject to staffing)	

STRATEGIC OBJECTIVE 5 – Safe, Sustainable, equitable and kind care

Delivery of Effective Services (PO 5A, PO 5B) and Clinical Effectiveness (PO 5K)

National and Local Targets

As a health board, through our Integrated Performance Assurance Report (IPAR and Board Assurance Framework (BAF) we routinely monitor Welsh Government and locally set performance measures. The measures are also aligned to our own strategic objectives and planning objectives. Through the Improving Together Framework (Planning Objective 3A) we are developing a mechanism to ensure that performance against our national and local measures are consistently monitored at all levels within the organisation. The aim is to through monitoring our performance measures and responding to with improvement actions to address poor performance, we ultimately aim to achieve our 6 strategic objectives as an organisation. Key to this through 2022/23 will be:

- Provide support and training for directorates so they can easily access their performance measures so that they can identify and action any improvements required
- Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required

Clinical Effectiveness

The Effective Clinical Practice Strategic Plan will be underpinned by systems and processes designed to enable clinical service areas and individual clinicians to assess themselves against clinical effectiveness standards, fully maximising the opportunities presented through the deployment of Office 365 and other digital solutions. The work will align closely with the developing Quality Management System and its delivery vehicle - Improving Together, ensuring that effective clinical practice sits within the Quality Cycle, which will provide the support for clinicians to use the learning from their own assessments against clinical effectiveness standards to improve outcomes for our patients and population.

Years 2 and 3 will focus on the development of an Effective Clinical Practice delivery plan, which underpins the Effective Clinical Practice Strategic Plan; embedding the underpinning processes and systems to support the delivery of the strategic framework (including the AMaT tracking and management system which will need recurrent funding after two years); and delivery of related policies and procedures. Clinical engagement will continue throughout years 2 and 3, particularly via the Health Board's Quality and Governance Groups, to ensure that the delivery plan is focused on identified priorities and reflects clear and achievable expectations for clinical service areas and individual clinicians. During Year 2 new Mortality Review processes, aligned to the All Wales Learning from Mortality Review, will be embedded.

Supporting our services across the whole system and supporting our fragile services (5O)

This section sets out our plans to recover services across the whole system. Our collaborative model and approach is informed by A Healthier Wales, A Healthier Mid and West Wales, the Primary Care Model for Wales, the Regional Partnership Board and its West Wales Area Plan, the three Public Service Board's Wellbeing objectives and the priorities articulated by the seven Primary and Community Cluster Plans. As demonstrated under Strategic Objective 3, the seven Clusters remain at the forefront of our work programme and each Cluster has fully reviewed and revised their Integrated Medium Term Plans (IMTPs) in line with contractual requirements and to help shape the vision of this Three Year Plan.

These plans are focused on the principles of sustainable and resilient communities, timely advice and support on health and wellbeing, maintaining social connection, independence and activity. We will work in partnership with Local Authority Partners and the Third Sector in 2022/23 to deliver our priorities. Building upon what we have achieved through 2021/22, in 2022/23 we will continue to:
- Deliver an integrated primary and community model through learning the lessons and hearing the stories of our staff, partners and population
- Design our organisational and partnership structures for effective delivery of cluster, county, regional and national needs and priorities
- Deliver care and support through an integrated multi-disciplinary workforce in the community where teamwork, career progression and excellence of care are central to our culture
- Deliver through a technology enabled care first approach, based on our regional learning
- Redesign our community estate to better meet the place-based needs of our population
- Demonstrate improving outcomes and patient experience for our populations, patients, carers and staff wherever they live based on 'what matters' to them.

We will also look to support our current fragile services, such that we will develop and implement a plan to address University Health Board specific fragile services, which maintains and develops safe services until the new hospital system is established. Key amongst the areas we are taking forward as a priority during 2022/23 include work on our stroke model (including the potential development of a Hyper Acute Stroke Unit) and our paediatric services. This is in addition to the services we are working on regionally with Swansea Bay, as described under Planning Objective 5N.

There have been a series of temporary service changes to the Paediatric Ambulatory Care Unit at Withybush and Paediatric pathways since 2016. The Board approved the continuation of the temporary service arrangements, in September 2021 whilst a review is undertaken and the changes initiated at Withybush remain in place. The Interim Paediatric Review will:
- Undertake an as assessment of the impact of the interim changes to paediatric services at Withybush and Glangwili Hospitals since 2014 resulting in one paper outlining all the changes, impacts and issues to date;
- Review all engagement activity undertaken to date from the period 2014 to 2022 to include internal engagement within the Health Board and wider stakeholder engagement to include service users;
- Undertake a clinically led appraisal of the options for the interim service between now and the establishment of the new hospital network (as per Planning Objective 5C);
- Following discussion with CHC, make a recommendation to our Public Board in November 2022 around whether engagement and/or consultation around the future service is needed following the Options Appraisal.

STRATEGIC OBJECTIVE 5 – Safe, Sustainable, equitable and kind care

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Integrated Locality Planning (PO 5H); Ashtma Pathways (5Q)

A whole system approach recognises that improving organisational or population outcomes is predicated on effective and efficient processes by a number of contributors/partners. The whole system approach provides a response to this complexity through a dynamic way of working that brings together stakeholders, including communities, together to develop 'a shared understanding of the challenge', 'mutual agreement of the outcome anticipated' and integrated action to bring about sustainable, long term change. Each Integrated Locality Plan brings together the Cluster priorities and is co-owned by the Pan Cluster Planning Groups organised to be co-terminous with local authority boundaries.

Each plan organises the system on the basis of need (the triangle model) and also addressed the key enablers of Financial sustainability, Quality Improvement Focus, Digital, Workforce and Organisational Development, and Infrastructure.

Each priority component of the plan has also been aligned the Health Board's 6 strategic goals. There are Technical documents available on request for Carmarthenshire , Pembrokeshire and Ceredigion Integrated localities.

Examples of how take forward key projects as a result of integrated locality planning include Planning Objective 5Q (asthma pathways) - interface asthma services across the Health Board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reducing asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand.
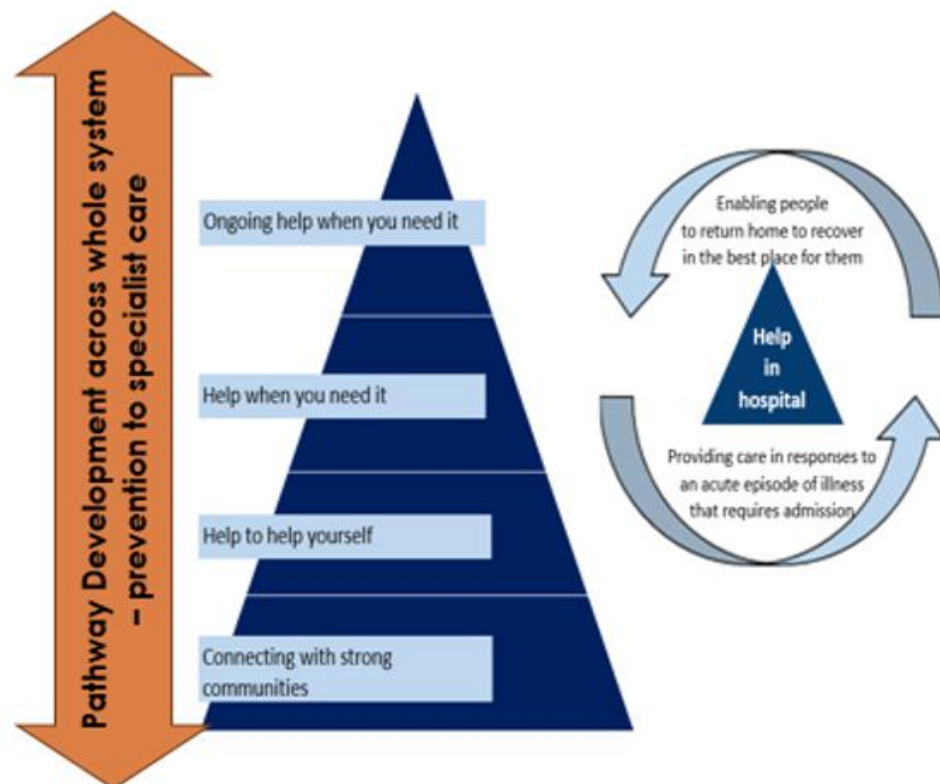
Putting people at the heart of everything we do
- Commitment to Carers
- Implementation of the 'making every contact count'
- Developed active volunteering offer
- Ongoing communication to support choosing well, wisely & staying safe
- Community Based Elective Care
- Commitment to Carers
- Making health and wellbeing a priority through community activities/initiatives for our population
- Consider the potential of alternative roles to delivery prudent care
- Co-produced care plans

Sustainable use of resources
- Enhanced use of technology enabled care and proactive care pathways
- Managing complexity and reducing length of stay for frail patients – particularly maximising discharges within 72 hours and reducing long lengths of stay over 21 days
- Infrastructure developments to develop 'A Healthier Mid & West Wales'

Safe, sustainable, accessible and kind care
- Helping people manage their conditions better
- Proactive approach to education and additional learning needs
- Provide information and advice to our citizens
- Greater voice, choice and control
- Deliver Health Board Wide Value Based Clinical Health Psychology Service

Working together to be the best we can be
- Adopting social model for health
- Support the population to develop assets in their communities
- Population based approach to prevention & service provision
- Care Traffic Control and Community Wrap Around
- Pembrokeshire Community Hub - Single point of contact for proactive and planned services
- Common access to services to support delivery of Urgent & Emergency and Intermediate Care
- Embed approach to risk identification, stratification and MDT care planning for our population - Shared care planning across services and teams
- Integrated community networks development

Striving to deliver and develop excellent services
- Enhancing the role of community connectors/social prescribing model
- Provision of low-level mental health & social care support
- Enhance rapid response to support a reduction in hospital conveyance
- Improving flow through systematic implementation of Discharge to Recover and Assesses (D2RA) pathways
- Maximising clinical pathways to support recovery of planned care
- Implementation of dementia and palliative care strategies
- Acute & Community Frailty SDEC/SDUC

The best health and wellbeing for our communities
- Development of preventative & early intervention initiatives
- Building active, connected, resourceful communities
- Improved support & recognition of emotional & mental wellbeing
- Implement whole system Palliative Care Strategy

Working together to be the best we can be

Putting people at the heart of everything we do

Striving to deliver and develop excellent services

Sustainable use of resources

The best health and wellbeing for our communities

Safe, sustainable, accessible and kind care

Together we are building kind and healthy places to live and work in Mid & West Wales

Pathway Development across whole system – prevention to specialist care

Ongoing help when you need it

Help when you need it

Help to help yourself

Connecting with strong communities

Enabling people to return home to recover in the best place for them

Help in hospital

Providing care in responses to an acute episode of illness that requires admission

STRATEGIC OBJECTIVE 5 – Safe, Sustainable, equitable and kind care

Support with our Partners (PO 5P, PO 5T)

Complex Health and Care Needs
- Develop home based bridging and long-term care team to effectively reduce transfer delays and to right-size packages.
- To enable more people to be provided with nursing care at home by maintaining and developing the Acute Response Team, aligning with the wider intermediate care service. Identify and develop opportunities for new pathways and working efficiencies.

Dependent on the specific local drivers of demand and need, Bridging Care can be provided in the following ways:
- Providing additional capacity to home-based care to increase social care availability
- Providing additional capacity for home based care where a long term care provider has advised they can currently only provide a proportion of the total care package
- Providing the care at home for an individual / patient where long term care provider has agreed to provide care however unable to start until a date in the future.
- Providing additional capacity to support safe staffing in step down beds in community

Market Stability
In 2022/23, the Regional Partnership Board will be managing the transformation from previous funding streams provided by Welsh Government to deliver the priorities set out in the new Health and Social Care Regional Investment Fund with a key focus on ensuring we achieve the very best outcomes for our population. Work will continue in collaboration with the Public Service Board's to address the gaps highlighted in the West Wales Population Assessment and Market Stability Report and develop a priorities for a refreshed West Wales Area Plan for publication in 2023.

Palliative Care and End of Life Care Strategy (PO 5S)

To provide the basis for the development and delivery of Palliative and End of Life Care (PEOLC) services across West Wales, and ensure a consistent focus on equitable outcomes for our population regardless of any variation in local delivery mechanisms.

Palliative care can be split into 2 categories;
1) General palliative care, delivered by health professionals in a generalist setting
2) Specialist palliative care, delivered by specialist multi-disciplinary teams dedicated to palliative care.

In line with the recommendations from the All Wales PEOLC Service Review , the 2019 National Audit of Care at the End of Life and the National Palliative & End of Life Care Partnership Ambitions for Palliative and End of Life Care framework the University Health Board commissioned of Attain, Healthcare Consultancy to engage with services and wider stakeholders to develop a Palliative & End of Life Care Strategy). These recommendations are:
- Undertake a population needs assessment Develop a clinical pathway
- Develop a meaningful outcomes framework
- Define a strategy for the Paediatric service Develop whole system Specialist Palliative Care service
- Develop and support leaders for the future within the current workforce
- Review and modernise funding arrangements
- Review workforce requirements

STRATEGIC OBJECTIVE 5 – Safe, Sustainable, equitable and kind care

Six Goals for Urgent and Emergency Care including 24/7 Urgent Care Model & Same Day Emergency Care (PO 5J)

The 'development and implementation of a comprehensive and sustainable 24/7 Community and Primary care' urgent care model is a strategic planning objective for the University Health Board and its seven Cluster areas. Our Programme was formally launched in June 2022.

Our premise in developing the model is that the patient receives the 'right care, right place, first time'. The Hywel Dda patient demographic profile has a higher proportion of >65 year olds compared to other areas of Wales and that for our vulnerably frail we should acknowledge that, where safe and appropriate, the 'right care, right place' is home – not hospital. Our data demonstrates that it is our frail that contribute to the greatest demand on our Urgent and Emergency Care (UEC) services. Data also tells us that if vulnerable population group is not discharged within initial 72 hours their Length of Stay (LOS) increases to > 21 days (1 in 5 people over 75 will be admitted to our hospitals as an emergency this year and spend an average of 28 days there)

Data demonstrates that the greatest opportunity for provision of safe, sustainable, equitable and kind UEC is therefore linked with :
1. Reducing **Conveyance** to hospital for our frail
2. Reducing **Conversion** rates proportionately where appropriate to do so for our frail population
3. Enhancing our inpatient management of **Complexity (frailty)**

This is our 3Cs approach to our UEC Transformation, the planning approach for which will align to the 6 Goals UEC national framework:

However, for 2022/23 we will be focusing on our over 75s. If we can increase our current discharge rate by 10% and reduce our Average Length of Stay by 1 day this would provide us with 80 bed efficiency by October 2022 and 100 by March 2022. There are on average 58 patients unplaced at our front doors across our health board so this year's improvement should be based on reducing this and getting our front doors working correctly.

Reducing Conveyance to Hospital (Aligning to Policy Goals 1, 2 & 3)

- Stratification of patients whose needs present with increased risk of admission due to the frail nature of their health needs. These patients will be proactively monitored to support early identification of exacerbation / decompensation of their conditions in order that preventative care and treatment is provided in a timely manner and at home where it is deemed safe and appropriate to do so (Policy Goal 1, Policy Goal 2 and Policy Goal 3). These solutions require robust development of digital infrastructure.(outlined in Planning Objectives 5M and 5R)
- The provision of safe alternatives to hospital care eg intermediate care and End of Life / Palliative Care (Policy Goal 3) NB this is described in detail in Planning Objective 5S above)

Reducing Conversion Rates (Aligning to Policy Goals 2, 3, 4 & 6)

- Implementation of Local Flow Hub to manage dispositions from 111 First, WAST and Emergency Departments to stream patients to more appropriate pathways for their needs (UEC Policy Goal 2). It is our expectation to have implemented an integrated UPC pathway across the University Health Board by December 2022
- Enhancing Same Day Emergency Care (SDEC) or Same Day Urgent Care provision to support diagnosis and consequently the delivery of care and treatment in the community – not in hospital (Policy Goal 3) . We will be working towards the Welsh Government expectation that we have a 7/7 12hour SDEC service on all our sites by the end of 2024.
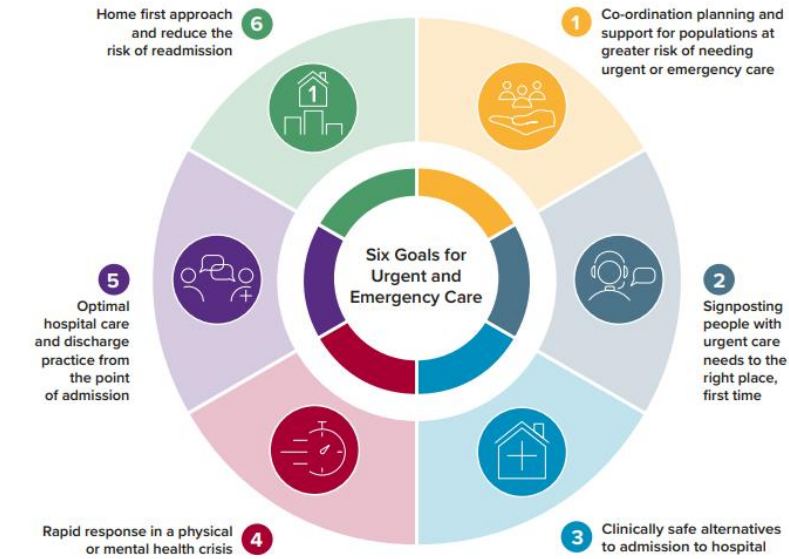
Enhancing Inpatient Management of the Complex / Frail (Aligning to Policy Goals 3, 4, 5 & 6)

- o Implement the principles and minimum standards of care associated with achieving optimal outcomes for frail inpatients as outlined in the British Geriatric Society Improving Healthcare for Older People' Fit for Frailty' report :
  - o 'Turnaround at the Front Door' within 12 hours (50% of all frail attenders) use of Same Day Emergency Care and Intermediate Care / Wrap Around Care
  - o Comprehensive Geriatric Assessment and Planning to support discharge for further 25% within 72 hours. Use of Clinical Decision Units, Acute Medical Assessment Units, Frailty Assessment Units
  - o For remaining 25% Length of Stay should be no more than 10 days identify and overcome internal efficiencies to deliver improvement for example SAFER patient bundle, Red2Green, Board Rounds etc. Implementation of Discharge to Assess pathways supported by Enhanced Bridging Service

Further support for our patients Enhanced Bridging Service

Where individual patients are unable to return home due to their care needs not being able to be met, the Community Teams in each County offer "Bridging Care" in a Virtual Ward. The type and level of care is individually assessed by integrated intermediate care teams, in order to support transfer home and reduce the risk of deconditioning caused by long hospital stays.

Learning from the pilot highlights that this level of care can not be easily delivered without a robust and sustainable workforce and as a priority this will be included in the Integrated Community Team resource modelling work. The development of community based teams and services are essential to meet the needs of our population, but also provides an opportunity for joint induction and apprenticeship programmes.

Development will continue to ensure that the workforce capacity is developed further in order to bridge a safe and sustainable transfer home for those:
- individuals at home to prevent or reduce the risk of an urgent admission to hospital / residential care
- individuals in an acute or community hospital bed who require care to enable their discharge home
- individuals in an Interim care bed to support transfer home

This is covered further under Planning Objective 4Q.

STRATEGIC OBJECTIVE 5 – Safe, Sustainable, equitable and kind care

Looking after vulnerable people including Liberty Protection Safeguards (PO 5W), and Children and Young People (PO 5I). Development of a Quality Mangement System (5X)

Liberty Protection Safeguards (LPS)
We are working across the University Health Board to prepare and support all relevant health professionals and managers to apply the Liberty Protection Safeguard scheme within their everyday practice, in order to ensure lawful authorisation when patients are deprived of their liberty as a consequence of the arrangements for their care and treatment, and do not have mental capacity to consent to those care arrangements. This includes
- Ensuring sufficient LPS Assessors trained to undertake the required assessments in all relevant areas by 1st April 2022.
- Broad awareness of the LPS scheme among all relevant health professionals and managers.
- Statutory posts established.
- Arrangements in place to effectively support, administer and monitor the scheme.

Children and Young People
In reviewing the way we work with respect to Children and Young People (C&YP), the key outcomes we aim to influence include:
- Rethink how services are delivered – providing the opportunity to establish a 'No Wrong Door' approach.
- Clearly define and understand pathway across disciplines.
- Reduction on the wait for ADHD/ASDO diagnosis and management.
- Collaboration of the individual services to provide assurance that an equitable service is delivered, accessible to all across the three counties
- Tackle the current inequalities in health care provision for CY&P Create opportunity for participation and engagement with service users ensuring they have a voice in the development of future service delivery models
- Production of streamlined care pathways for those transitioning to adult services
- Develop new integrated service model for CY&P with mental health & learning disabilities; including SCAMHS who require behavioural support (PBIS)

Core to how we support CY&P is through Additional Learning Needs (ALN). The ALN Act aims to transform the existing special educational needs system to deliver better outcomes for children and young people (0-25) with ALN, ensuring early identification of needs and early help; a person-centred approach to meeting the needs of children and young people (0-25) with ALN; with provision in Welsh where required; through a collaborative and less adversarial system. Collaborative working between multi-agency partners is at the heart of achieving whole-system change, and the Act places new statutory duties on Health Boards and new rights to legal challenge to facilitate this. Delivering the statutory requirements and transformative ambitions of the Act and mitigating risks places new and additional demands on operational services across multiple Directorates supporting children and young people. Priorities for the initial phases of implementation include enacting effective systems to support collaborative and person-centred working while meeting statutory duties with a shared long-term vision for the ALN Act; strengthening mechanisms for participation and engagement with children, young people and their parents / carers; and assessing the implications of this new legislative framework for service planning and resource requirements.

Cancer, Women & Children's Services

Throughout the pandemic, our cancer service performance has been affected by a range of factors including:
- Increasingly complex patient pathways;
- Reduced diagnostic capacity due to COVID related sickness and restrictions on available capacity due to IP&C requirements
- Critical care demand resulting in short notice cancellations
- Limitations on surgical capacity across hospital sites
- Access to tertiary care remains a challenge for lung, skin, Upper Gastrointestinal (UGI) and urology;

Our plans to improve cancer pathway performance during 2022/23 are centred on the following priorities:
- increased volumes of elective care during 2022/23 are expected to increase local capacity for cancer surgery and reduce dependency on critical care facilities through the advent of ECUs.
- Progressive improvements in endoscopy capacity, including active exploration of opportunities for regional collaboration with Swansea Bay University Health Board
- Continuing review of demand, capacity and service expansion opportunities for Radiology services with the advent of additional scanning capacity
- Maintain the current Cancer Tracking Team
- Preventing disease through development of rapid diagnostic clinics thus reducing waiting times and reduction in emergency admissions.
- Continue the CaPS Service (Cancer Psychological Support) which not only supports patients affected by cancer but also the entire cancer workforce
- Maintain the use of Chemocare E-prescribing system
- Financial support to cover drug & transport costs

Hywel Dda has successfully secured funding from Macmillan to support the 'Right by You' programme of work:
- Co-producing with a range of stakeholders, including people in our local communities with cancer and our partner organisations, an improved way of working that focuses on individual and community well-being through an asset based approach.
- Working towards the ambitions of improved local access to information, advice and assistance through the development of a model based on local and national best practice that meets the specific needs of our local communities.
- Better supporting people with cancer as well as the wider health and social care economy.
- Adopting an approach from the start which facilitates improvements in current working models, links with the strategic transformation agenda and embeds good practice models in existing services.
The project is fixed term and whilst based in Cardigan, has a catchment area of 20 miles, therefore covers parts of each of the three counties.

Ensuring our children have the best possible start in life is central to ensure a healthier future. Together we will focus on :
- Enhanced service within the Paediatric Ambulatory Care Model
- Obstetric Antenatal Ultrasound Service
- Enhancement of ADHD Services
- Developing Children's Community Nursing Facilities to meet the local population needs with the ability to empower families promoting self care, independence to generate resilience

STRATEGIC OBJECTIVE 5 – Safe, Sustainable, equitable and kind care

Mental Health & Learning Disabilities (MHLD) (PO 5G)

We are committed to ambitious co-produced programmes of transformation across all services, commencing with the changes to the adult mental health service, older adult mental health service and learning disabilities service. There remains a focus in developing an integrated all age Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) service. There is a need to integrate clinical services for people with learning disabilities and repatriating people with a learning disability back to their local communities.

The Directorate will consider how to meet the needs of children and young people with learning disabilities and additional learning needs, who are not currently seen within specialist secondary care, due to this being an adults-only model. This is a challenge for the health, social care and education sector as a whole and not simply Mental Health and Learning Disabilities (MHLD) as these individuals present with a range of complex problems. Services need to be designed, managed and delivered across MHLD, acute, primary care, children's and community services to ensure that a focus on early intervention is achieved.

Adult Mental Health (AMH)

Adult Mental Health Services are continuing to implement the Transforming Mental Health programme of change. Objectives for 2022/23 include:
- Implement 7 day a week operating model (09.00am – 5.00pm) in the 4 main Community Mental Health Centres (CMHC's) and 4 Community Mental Health teams.
- Further develop protocol with Police and Local Authority partners for the Alternative Place of Safety in Gorwelion.
- Fully implement the Mental Health Single Point of Contact via the National 111 Service 24/7.
- Develop and implement Assessment and Treatment pathways in all inpatient units.
- Expand the current Psychiatric Liaison Service pilot in Carmarthen across the remaining three District General Hospital sites as an essential service.
- Further expand the Out of Hours Clinical Co-Ordinator service
- Further develop Directorate wide Bed Conference to manage bed availability and patient flow in conjunction with medical and Local Authority colleagues, including Mental Health transport management.
- In conjunction with Swansea University develop nurses to become Advanced Nurse Practitioner in each of the CMHC's.
- Establish a Mental Health Practitioner role within the newly established Police Vulnerability Hub.

Single Point of Contact (SPoC)

- Hywel Dda are the first health board in Wales to launch a dedicated mental health telephone triage service. The service will be operational from Monday the 20th June and is available from 09:00am to 11.30pm Monday to Sunday. There is a planned approach in place for the service to operate 24/7 from October 2022.
- This is an open access well-being and mental health telephone triage service which can be accessed by telephoning 111 and selecting Option 2. Callers can self-refer or calls can come from family, friends, carers etc
- It is an all-age service and is open to anyone experiencing mental health crisis residing within the Health Board footprint This includes anyone visiting the area, including those who may be homeless or living in temporary accommodation.
- Using a recognised triage tool and compassionate focused interventions Mental Health Practitioners will assess the mental health needs of the individual and as appropriate escalate. They will connect individuals to the most appropriate mental health and well-being provision to meet their needs in a timely manner, including those with common mental health problems and those with more complex, acute and high-risk presentations.
- The triaging of urgent mental health requests for help, will ensure that service users, carers and referrers receive an efficient and timely response when accessing mental health services or needing advice, support and signposting.'

Older Adult Mental Health (OAMH)

OAMH Services will focus on sharing clinical expertise and improving care pathway interface with West Wales Dementia Wellbeing Pathway, Acute Hospitals, and Primary Care/GP Clusters/Community Resource Teams and Adult Mental Health Transformation initiatives.
- Develop a Memory Assessment Service to improve diagnostic rates, timely diagnosis and waiting list back-log and post diagnostic intervention support following diagnosis.
- Re-establish engagement on the Enlli 'shared- care' model proposals, which were delayed due to the Pandemic.
- Community Dementia Well-being Team will introduce stepped-care model to improve skills and confidence around evidence based best practice dementia care.
- Implement 'All Wales Dementia Care Pathway of Standards' across [hosted] Dementia Well-being Teams against and CMHT and inpatient wards.
- Continue to support the aims and delivery of the West Wales Dementia Strategy (Regional Partnership Board).
- Develop clinical pathways and workforce capability for suicide prevention.
- Explore options for improved Acute Inpatient pathways for those with functional mental ill health in later life which will provide more appropriate care and improve patient experience.

Specialised Children and Adolescent Mental Health Services Commissioned Services (S-CAMHS)

S-CAMHS will focus on the development of the workforce through increasing skills and competencies in order to improve emotional resilience in children and young people. Objectives for 2022/23 include:
- Continue to develop an integrated service model for children with mental health and learning disabilities.
- Further develop the established multi-disciplinary Perinatal Mental Health including the development of infant mental health services.
- Continue our commitment to achieving and implementing the RCP Standards for Perinatal Mental Health.
- To work collaboratively with Welsh Government in the implementation of the recommendations from the Neurodevelopmental Service evaluation (2022/23) all ages.
- In line with the anticipated recommendations of the review develop ways to deliver timely multi-disciplinary assessments and interventions in Autistic Spectrum Disorder services (all ages).
- Undertake a restructure of primary care mental health services in line with the implementation of the School In-reach Service .
- To continue strengthening our pathways with adult services in line with the Transforming Mental Health agenda and to continue improving transition pathways.
- To progress the recruitment of the CAMHS Eating Disorder Service, which will align closely to the adult service to increase access to timely assessment, treatment and transition.
- In order increase capacity to expand the age range across EIP services additional resources will be secured via Welsh Government funding (2022/23).
- To continue working in partnership with Local Authorities and other stakeholders to develop Trauma Informed services to enable care closer to home.

The Directorate commissions a range of Third Sector organisations that provide essential early intervention and prevention well-being and mental health services, including undertaking a full commissioning exercise of all Third Sector services in line with OJEU procurement regulations including:, Service reviews; Market engagement; Service user and carer engagement; Development of new service specifications and Tender exercise

Achieving national targets

- Trajectory Part 1A Referral to assessment in 28 days: agreed trajectory for Part 1A for recovery to 40% by September 2022, with a view to achieving the 80% national target by March 2023, this will be in line with new staff coming into post which will reduce the current backlog.
- Trajectory Part 1B Referral to assessment in 28 days: agreed trajectory for Part 1B for recovery to 56% by September 2022, with a view to achieving the 80% national target by March 2023, this will be in line with new staff coming into post which will reduce the current backlog.

STRATEGIC OBJECTIVE 5 – Safe, Sustainable, equitable and kind care

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SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Supporting Our Services : Diagnostics, including Radiology, Pathology, Endoscopy and Cardiology, and Medicines Management

Radiology

We have recently invested in replacing our MRI Scanner in Withybush and added a second CT scanner in Glangwili which will increase capacity, although work is needed to look at out staffing model across all specialties within Radiology in order that we can utilise the equipment to its full capacity. We are currently replacing our CT scanner at Withybush General Hospital and have plans to replace CT scanners at both Prince Philip Hospital and Bronglais Hospital. In addition we have replaced a number of ultrasound systems, mobile x-ray units and are due to upgrade a number of general x-ray rooms with the latest digital technology which will strengthen reliability and aid diagnoses.

We are undertaking a demand and capacity review to ensure we can support improvements in performance, although there are constraints that will need to be overcome including our available workforce. We will begin with urgent and emergency care. Despite facing staffing challenges we have where possible since November 2021 utilised Elective Recovery Funding to increase activity on weekends, the enhanced payments for staff have been well received and has demonstrated a reduction in the number of patients waiting 8 weeks plus for Radiology examinations

Pathology

Key areas of development with respect to pathology include:
- Improved sustainability of phlebotomy services
- Improved transport compliance
- Workforce modernisation
- Resilient quality assured andrology service
- Local deployment of the new Laboratory Information Management System
- Improved testing for multiple myeloma
- Continued development of the regional pathology service with Swansea Bay through ARCH

Cardiology

There are a number of priority areas we are currently examining including re-design of our chest pain and heart failure pathways. We are also working with Swansea Bay on a regional level this includes:
- Acute Coronary Syndrome Pathway (Treat and Repatriation of Hywel Dda patients)
- Cardiac CT (Training)
- Echo/Cardiac Physiology (working practices)
- Cardiac Pacing (Repatriation of Hywel Dda patients for complex pacing follow up)
- Cardiac MR (Review success of Cardiac CT work and duplicate for Cardiac MR)

Supporting Our Services : Diagnostics, including Radiology, Pathology, Endoscopy and Cardiology, and Medicines Management

Endoscopy

The University Health Board continue to work closely with the National Endoscopy Programme (NEP) to comply with the components of the plan set out by the Minister for Health and Social Services' for a national approach to recovery of endoscopy services. This includes the adoption of productivity and efficiency measure recommended by the NEP that will enable the maximum output from existing capacity and the risk-based management of the patient population. As recommended by the NEP the Health Board are already collecting the following information to inform this discussion:
- Overall / Individual utilisation of lists
- booked versus achieved points for each list
- start and finish times
- room turnaround audit
- Did not attend and cancellation rates

With respect to our current service demands, the current trajectory with no intervention shows the endoscopy lists increasing each month which is the trajectory seen over the past 6 months.
- The introduction of 2 further list in Withybush with the Clinical Endoscopist (on-boarding awaiting occupational health clearance) will see the trajectory increase by approximately 7 patients per month, so significantly less.
- Any additional lists secured in house (x4 per month) in addition to the introduction of the Clinical Endoscopist x2 lists, will see the endoscopy 8 week backlog start to come down. Any additional lists added in to the template over the next 12 months (potential in Prince Philip and Withybush if further Endoscopists/staffing secured).
- Work is being undertaken with Lightfoot to scope an increase in Endoscopy referrals

Pharmacy & Medicines Optimisation

We continue to deliver high quality pharmaceutical care to patients, focusing on supporting patients in their community. We have close collaborative working with social services to support medicines administration in domiciliary care and as part of a multi-professional approach to value based healthcare. In 2022/23 this will be further developed and delivered through:
- Care in the Community- medicines administration in domiciliary care, development of responsive medicines reviews as part of Same Day Emergency Care and the urgent primary care model.
- Lead Pharmacists in key clinical areas- cross sector to support seamless pharmaceutical care particularly around Cardiology, Haematology, Palliative, Critical Care, Diabetes and Respiratory
- Skill Mix Review to release clinical capacity to support patient flow and delivery of the national programme of Transforming Access to Medicines (TrAMS)
- Antimicrobial Consultant Pharmacist to provide a high level of antimicrobial stewardship , reducing resistance, improving patient outcomes and opportunities for research

STRATEGIC OBJECTIVE 5 – Safe, Sustainable, equitable and kind care

Supporting Our Services: Digital Technology (PO 5M, PO 5R)

At the core of all we do is the intention to support the transformation of health and care delivery in Hywel Dda and better outcomes for patients. Digital therefore has a significant role in the future of service transformation and its therefore the digital teams aim is to join-up care seamlessly across different settings and geographic boundaries.

Our Digital Response builds on developing an integrated digital platform, which works across boundaries and sectors to provide a view of the health and care information of the citizens of Hywel Dda. This is available wherever a patient requires consultation or treatment, providing a common experience for staff in their discipline, wherever they may work.

Key areas of focus for the next three years are to deliver the work streams identified in the Digital Response, with the aim of:
- Giving health professionals the digital services, they need to support daily care tasks, in a range of care settings.
- Providing patients with new online services to connect with care and look after their own well-being.
- Using information and innovation to improve decision-making, better use of data for greater care quality and to inform service change.
- A new layered care approach through collaboration and support for value-based healthcare, and development of our technical infrastructure to ensure the safety, sustainability and availability of the essential data and network utilities.
- Further develop and strengthen our infrastructure to protect against the growing threats to cyber-security.
- Continuing to develop our organisation and our staff to ensure NHS Wales has the knowledge and digital skills needed to support 21st century care
- Improving organisational digital maturity and user digital literacy to maximise the benefits of digital technologies.
- Delivering digital services which will be paper-free at the point-of-care by 2022.

When aligned with appropriate 'people' and 'process' changes, digital services will provide the best possible care for the patients we serve, whilst at the same time deliver a range of health and care system transformations.

Delivering digital change is all our responsibility and will require the collaboration of multiple teams and individuals. This Response speaks to our collective vision, mission and principles for future development. It cannot be delivered by any one team in isolation, and we all have a role to play in making the Digital Response real.

There is a Technical Document available on request for Digital Services

An example of our innovative approach is how the University Health Board has been successful securing Macmillan funding to support a Virtual Reality pilot for palliative and end of life patients. The pilot is aiming to improve the quality of life and wellbeing for people who are living with a life-threatening illness and facing physical, psychological, social and spiritual challenges, and their families.

Due to the pandemic patients are reporting greater levels of isolation and vulnerability. Whilst the utilisation of virtual reality equipment in the clinical setting has proved to be incredibly valuable, less research has been undertaken in the community or home setting. We are wanting to work with patients and their families and carers to explore the value in these settings, especially for those living in isolated rural areas, potentially reducing the risk of admission to acute site due to social isolation and loneliness; reducing need for analgesia and anxiolytics due to increased feeling of wellbeing; Improved wellbeing and quality of life for patients and their carers.

STRATEGIC OBJECTIVE 5 – Safe, Sustainable, equitable and kind care

Working with National Partners (PO 5N)

We continue to work we with a number of National Organisations and look forward to a renewed working relationship with these through 2022/23 to deliver national programmes, tailored to meet local needs of the population of Hywel Dda,

Welsh Ambulance Services NHS Trust (WAST) / Emergency Ambulance Services Committee (EASC)
It is recognised that the emergency / urgent ambulance service continues to face severe pressures across Hywel Dda and we remain fully engaged with both WAST and EASC in respect of the commissioning, monitoring and utilisation of emergency and urgent ambulance services across the Health Board.

EASC's commissioning intentions for the service for the coming year have previously been endorsed, and we will continue to liaise closely with both WAST and EASC colleagues and contribute to work streams to ensure service responsiveness and quality is optimised within existing constraints as we move into 2022/23.

Health Education and Improvement Wales (HEIW)
We work closely with HEIW as the national strategic body for the NHS Workforce in Wales to support the delivery of the Health & Social Care Workforce Strategy aligned to A Healthier Wales. We directly input to All Wales Groups on Workforce Planning, Education & Development that cross all professional groups to support the shape and supply of the future workforce.

We are leading on the implementation of a number of important initiatives that cross planning, design, development and delivery of the workforce –
All Wales Induction Framework
• Apprenticeships – Apprentice Academy to inform future work
• Therapy Assistant Practitioner Training Programme to inform future work

Other examples include supporting:
• All Wales Strategic Workforce Planning Forum initiatives & training
• Physician Associate Research and wider evaluation/input into new roles

Future plans include the piloting of new roles i.e. Medical & Psychology Apprentices

Digital Health and Care Wales
The recently formed Digital Health and Care Wales will make a significant step change in the way the Digital agenda and improvements will pan out over the next few years. The University Health Board are fully committed to collaborating with and partnering NHS Wales Digital Health and Social Care Board and embrace the future improvement opportunities that it presents.

Fundamental to our health and care system transformation, will be the delivery of high quality, cost effective Digital Services. Our vision is to have; secure, resilient, accurate and timely information at the point of patient care; this will be delivered through an integrated application suite, combining; clinical and business applications, underpinned by a robust, cost-effective information infrastructure

Working with National Partners (PO 5N) – Sexual Assault Referral Centre (SARC)

Adult SARC
• Procurement of the Aberystwyth site for the development of the Integrated Care Centre (ICC) , which SARC is to be a part of, has not been possible for this financial year
• The current plan has been reviewed and revised. The previous intention was for one case to cover both purchase and ICC fit out – this would be a £20m+ scheme and would not be approved in the timescales for SARC.
• Instead it is proposed the identification of a site, including the purchase of a building if necessary, can proceed in advance of the ICC business case.
• This revised approach can allow SARC to be developed much earlier than would otherwise be possible, subject to Welsh Government agreement and funding
• An options appraisal is needed urgently for the available sites (two) with submission of a capital business case(s) to Welsh Government for building purchase (if necessary) and refurb for SARC
• An executive-led group, including Welsh Government, has now been formed and will meet again in four weeks to take this forward
• It has been agreed that refurbishment of Bow Street will go ahead as an interim solution with discussion around the closing of Newtown and Carmarthen SARC ongoing

Paediatric SARC
• For young people under 14 years, they will continue to be seen in Cardiff Yns Saff as per the interim plan
• Swansea Bay and the University have engaged in local conversations to look at a collaborative model for a second Paediatric Hub site in West Wales, which will sit under the ARCH Project

REGIONAL WORKING – WORKING WITH SWANSEA BAY UNIVERSITY HEALTH BOARD

Swansea Bay and ARCH (PO 5N)

Our approach is to consider regional partnerships and regional solutions a core principle of a whole system approach to the planning and delivery of services. The ARCH Partnership will be delivered through proven joint working arrangements. We have established an executive led 'Regional Commissioning Group', and we will support each other with our major change programme business cases 'A Healthier Mid and West Wales' & 'Changing for the Future Engagement & Recovery and Sustainability Plan'. In addition to the transformational priorities below we will prioritise the following:

- Workforce, Education, & Skills: Education programmes to meet services needs and underpin NHS service transformation projects by developing targeted educational programmes; Management and Leadership Development; Innovation Intensive Learning Academy; Value Based Healthcare Intensive Learning Academy; Regional Workforce Review.
- Research, Enterprise, & Innovation: Supporting the foundational economy, research excellence, underpinning and enabling our innovative approach to NHS service transformation projects, collaborating with industry, and maximising income from grant and commercial income opportunities. Including Regional Pathology Laboratory; maximising impact on health outcomes from Swansea City Deal 'Innovation Park' capital projects in Pentre Awel, Singleton, & Morriston; developing our Joint Clinical Research Facilities; regional impact innovation activities such as Health Hack and Social Care Hack, ARCH Innovation Forum, AI projects and appointing an ARCH/AgorIP/HTC Technology Transfer Manager to stimulate, develop and commercialise regional innovation.
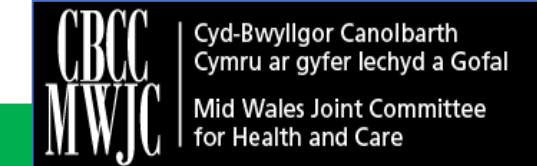
Building on the successful Exec to Exec meeting in November 2021 and scheduled future meetings we will deliver executive led actions to realise the potential from joint working and achieving economies of scale for capital, workforce and digital projects.

Service Change Priorities	Deliverables
Pathology	By July 2023 we will develop an outline business case for a new build centre of excellence South West Wales Regional Centre of Excellence Cellular Pathology Laboratory, co-located Regional Medical Microbiology services, develop fit for purpose Regional Diagnostic Immunology Laboratory facilities, and provide fit for purpose refurbished local non-regionalised services accommodation
Eye Care	Develop a Regional Eye Care Service informed by four main areas of work: • Implementation of a Regional Diabetic Retinopathy Referral Refinement Scheme • Development of a regional cataracts recovery plan • Development of the South West Wales Glaucoma Service (SWWelsh GovernmentC) Business Case • Development of the Regional Eye Care Service Workforce strategy
Dermatology	Develop a Dermatology Regional Business Case to support sustainable services across the region in primary and secondary care, to be informed by four main areas of work: • Regional Teledermoscopy Model • Dermatology Speciality Training and Development Programme • Dermatology Workforce Strategy • Artificial Intelligence – Point Click Notify
Cardiology	Develop sustainable Cardiology Regional Service model which maximises opportunities to streamline patient pathways and secure sustainable and effective local and regional service provision, utilising technology and working with primary care as a whole pathway approach
Neurological Conditions	Deliver an agreed model of care for neurological conditions which shifts the balance away from the hospital setting to more of a community based approach. Priority services include delivering the standardised approach of headache care, creating a regional Functional Neurological Disorder (FND) team and delivering a regional Epilepsy service
South West Wales Cancer Centre	Develop and implement the SWWCC Transformational Programme Business Case to support the delivery of regional cancer services in South West Wales over the next 10 years, with a focus on Radiotherapy and Oncology Outpatients Services

In addition the following opportunities are being jointly scoped and explored:

- Endoscopy
- Radiology
- Oral and Maxillofacial Surgery
- Orthopaedics
- Hyper Acute Stroke Unit (HASU)
- Regional Children's Services, including a paediatric sexual assault referral unit (SARC)
- Blood Science Management

REGIONAL WORKING – MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

CBCC MWJC
Cyd-Bwyllgor Canolbarth
Cymru ar gyfer Iechyd a Gofal
Mid Wales Joint Committee
for Health and Care

Mid Wales Healthcare Collaborative (PO 5N)

For 2022/23 the priority areas for joint working across Mid Wales will be based on the clinical priorities developed by the Mid Wales Clinical Advisory Group and the key actions within organisational COVID-19 recovery plans and Plans in order to support the Welsh Government's expectation for Health Boards to work together to deliver regional solutions to meet the demand of both COVID and non-COVID pathways and work together, across organisational boundaries, to plan and deliver on a regional basis.

These priorities will focus on a whole pathway approach with regional links between primary, secondary, community and social care with a Value Based Health Care approach. A Mid Wales Regional Commissioning Group will be established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively, in the development and implementation of equitable, accessible, evidence-based, safe, effective and sustainable services for the residents of Mid Wales. Priority areas for 2022/23 will focus on the following:

- Urology – Re-introduction of Urology surgery at Bronglais General Hospital which will further build upon the Urology service already re-established at the site in 2021/22. This will support the development of a Mid Wales focused Urology pathway and the provision of outreach services across the region.
- Ophthalmology – Develop a regional and whole system pathway approach to the provision of Ophthalmology services across Mid Wales supported through the establishment of links between the University Health Board, Powys Teaching Health Board and Shrewsbury and Telford Hospital NHS Trust.
- Recruitment to the Mid Wales Ophthalmology leadership role to lead on the MDT approach to Ophthalmology services across Mid Wales.
- Cancer- Pathways for community based oncology services will continue to be reviewed to identify opportunities for increasing provision across Mid Wales community sites. Establishment of the new Chemotherapy Day Unit at Bronglais General Hospital together with the development of a plan for a Mid Wales approach to chemotherapy services in the community.
- Respiratory – Continuation on the development of the Mid Wales Respiratory Plan outlining the service model for the provision of Respiratory services across Mid Wales with a focus on delivering care closer to home and the creation of a networked pathway across secondary and tertiary services.
- Digital – Continuation of the development of a clinically agreed plan for future digital developments for implementation across Mid Wales.
- Dental – Resumption of oral surgery for extractions and scoping endodontic service for the feasibility of an integrated service for endodontic services together with the feasibility of an integrated service for joint General Anaesthetic list at Bronglais General Hospital using existing facilities not fully utilised. Also identify what improvements could be made to general NHS Dental services provision across Mid Wales.
- Clinical Strategy for Hospital Based Care and Treatment and regional solutions – On-going implementation of the Bronglais General Hospital 10 year Clinical Strategy which will support the on-going development of regional and cross border solutions. This will include the establishment of the Mid Wales Bronglais General Hospital Advisory Board, which will made up of health expert

Bronglais Strategy (PO 5F)

The Bronglais Commitment through its strategy is to:
- Maximise the utilisation of Bronglais' modern facilities
- Maximise the benefit of Bronglais' high quality services
- Develop the range of services provided
- Extend Bronglais' catchment area

So that Bronglais becomes the provider of choice for access to specialist health care services both within the main hospital and at networked "Bronglais@" services across Mid Wales.

Successful implementation of the strategy will not be achieved in isolation and is dependent upon the implementation of the community services. By improving efficiency and through-put the site will be able to do more, both to support implementation of the University Health Board's strategy for the south, but also to extend and enhance the number of services and Bronglais' catchment area in partnership with Powys, Betsi Cadwaladr and associated service providers.

The key actions for 2022/23 include:
- Complete recruitment to and implementation of the Front-Door acute frailty team to support the urgent and emergency care response to this patient group, Quarter 2
- Develop a whole system multi-disciplinary plan for frailty pathway to include community based frailty step down reablement/rehabilitation capacity. Quarter 3
- Continue delivery of the PACU ,to ensure appropriate recovery pathways are available post elective surgery. Quarter 1
- Re-commence in-patient therapy led rehabilitation via mixed model of delivery.
- Establish plan for 7-day working across the site for consideration of implementation from 2023/24 onwards. Quarter 3
- Deliver plan to continue Family Liaison Officer service developed under COVID and extend to include bereavement support.

There is a Technical Document available on request for the Bronglais Strategy

STRATEGIC OBJECTIVE 5 – Safe, Sustainable, equitable and kind care

Infrastructure Investment and our Programme Business Case (PO 5C)

Programme Business Case (PBC)
The Programme Business Case (PBC) to implement our Health and Care Strategy was presented to the January 2022 Board and has now been submitted to Welsh Government for scrutiny. The capital infrastructure requirements contained within the PBC include the following:
• Development of the Health Board Community infrastructure
• the repurposing or new build of Glangwili and Withybush
• implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears.
• Redevelopment of Prince Philip and Bronglais Hospitals

The PBC is based on the public consultation which concluded the need for a new Urgent and Planned Care Hospital in an identified geographic zone between Narberth and St Clears.

We will work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic and develop plans for all other infrastructure requirements in support of the health and care strategy.

Priority Actions for 2022/23:
• Secure endorsement for PBC
• Commence Outline Business Cases
• Identify preferred site for the new Urgent and Planned Care Hospital

Regional Business Cases
There are a number of regional business cases, particularly with Swansea Bay, that we are helping to develop. These include:
• Thoracic Surgical Services Centre
• Pathology Services
• South West Wales Cancer Care Centre
• Vascular Hybrid Laboratory
• Cardiac Catheterisation Lab

Business Continuity: the Interim Years including the 5 Year Capital Programme
Whilst discretionary capital is allocated to these areas, the reduction in the available capital for 2022/23 mean that the allocations available make very little impact to the backlog. Large scale impact will require All Wales Capital Programme support. The PBC for the Major Infrastructure work to keep the existing site infrastructure going in the interim years has been approved by Welsh Government. Work is currently being undertaken to agree a resource schedules with Welsh Government in order to progress business case development.

The following are the schemes currently included in our forward looking All Wales Capital Programme, recognising that these are a mixture of being in construction, in Business Case development stage, or still in scoping and to be agreed with Welsh Government.

Priority Actions for 2022/23:
Construction
• CT Scanner Replacements – Prince Philip, Bronglais and Withybush Hospitals
• DR Rooms all sites
• Fire Works Withybush and Glangwili
• Pharmacy Robot Replacement – Withybush and Bronglais
Business Case
• Aseptic Unit
• Cross Hands Health and Wellbeing Centre
• Regional Cellular Pathology Service
• Transforming Adult Mental Health Programme
• Estate Major Infrastructure
• Prioritised Integrated Community Infrastructure Schemes including Fishguard Health and Wellbeing Centre

The Enabling Plan details the pressures associated with the backlog around Estate Infrastructure, Statutory Compliance, Equipment and Information Management and Technology (IM&T). We will need to prioritise discretionary capital on this and seek All Wales Capital support to have an impact at scale to ensure sustainability in the interim years pending strategic investment in new and repurposed hospital infrastructure. The scale should not be underestimated and will require the infrastructure and resources to manage the investment programme.

There is a Technical Document available on request for Infrastructure and Investment

Community and non clinical estates strategy (PO 5U)

• A Healthier Mid & West Wales (AHMWW): Transforming our Hospitals Programme Business Case (PBC) – Estates Annex includes our strategic approach to Investment objectives / estate strategy / Existing estate baseline / estate performance information & improvement targets / proposed project estate options / capital costs and cash flow projections and implementation options.
• Development of a support Property Asset Strategy outlining, short medium and long term aims to provide quality, cost effective and sustainable estate in the right locations to support business operations.
• To deliver a Hybrid Working - New of ways of working programme to align to the Health Boards Back to Better programme. The pandemic has rapidly and profoundly changed the way organisations work and it is expected that all Health Boards will transition in this direction on a more sustained basis to support the way clinical and non-clinical services are delivered, reflecting clinical focused delivery and the diversity of the workforce , 'one size does not fit all'. The programme will work to align people (i.e. workforce), processes, connectivity and technology, time and place to find the most appropriate and effective ways to carry out a particular task – a key driver being recognition that work is an activity we do, rather than a place we go. The programme being implemented in 3 phases: Phase 1 (Discover) – Baseline current situation; Phase 2 (Design) – Define the vision and develop the options for the future ways of working; Phase 3 (Deliver) – Implement chosen hybrid/ agile working model

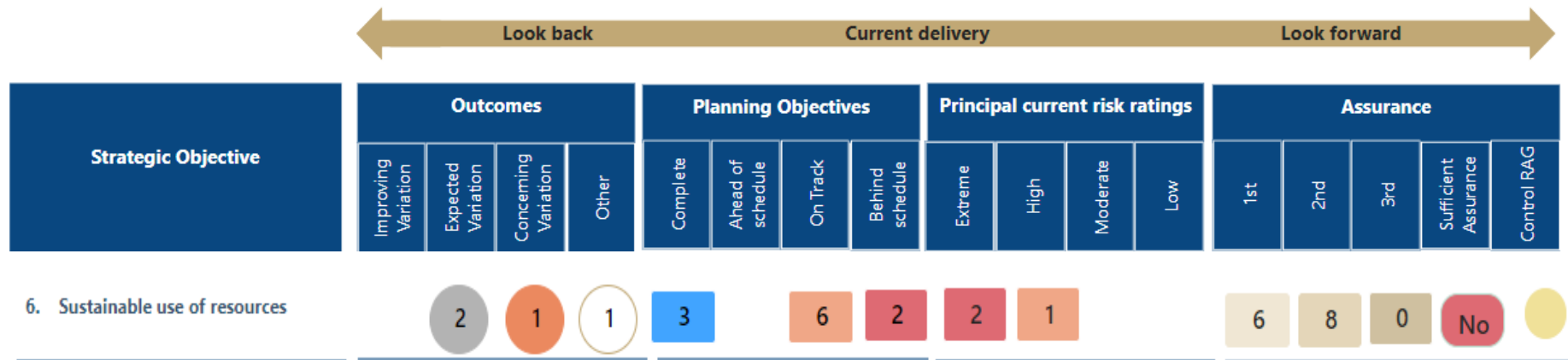**STRATEGIC OBJECTIVE 6 – Sustainable use of resources**

Planning Objectives covered in this section

Planning Objective	Description	Planning Objective	Description
6B	Value improvement & income opportunity	6H	Social Value
6G	Decarbonisation & green initiatives plan	6L	Workforce, clinical service and financial sustainability
6I	Interim Budget 2022/23	6D	Value Based Healthcare and Patient Reported Outcome Programme
6K	Design Assumptions	6M	Cyber Security Framework
6N	Intelligent Automation		

Our key deliverables for 2022/23

Our Key Deliverables/Milestones	Q1	Q2	Q3	Q4	Ministerial Priorities	Hywel Dda Priority Areas 2022/23
6D. Continue the rollout of the VBHC Education Programme 'Bringing Value to Life', delivering to two cohorts per year.				✓	NHS finance and managing within resources	Financial Sustainability Roadmap
6H. Develop an overarching Social Value strategy and action plan		✓				

Key risks being monitored for SO 6 are:
• Ability to shift care in the community
• Achieving financial sustainability
• Maximising social value

Our key outcomes for SO 6 are:

	Theme	Outcome	Measure
Sustainable use of resources	Social	Our positive impact on society is maximised	% of third party spend with Hywel Dda and Welsh suppliers
	Environmental	We are making a positive contribution to addressing the climate emergency	Carbon usage
	Economic	We are making progress against the delivery of our "Roadmap to Financial Recovery"	Compliance on break-even duty

Latest Board Assurance Framework (BAF) as of March 2022

For the latest position of the BAF please click on the following link https://www.powerbi.com/view?r=eyJrIjoiYzg0NDdiMzAtYzE3Ni00ZjU0LWIyMjEtMzFiZWJjYjhlNzdmIiwidCI6ImJiNTYyOGI4LWUzMjgtNDA4Mi1hODU2LTQzM2M5ZWRjOGZhZSJ9:

In summary for this period, the BAF shows that:
• 2 of the 4 outcome measures show expected variation; 1 has concerning variation; and 1 does not currently have enough data points to establish a statistical trend
• 3 of the 11 Planning Objectives has been completed; 6 are on track; and 2 are behind
• 1 of the risks is categorised as high; and 2 as extreme (ability to shift care in the community; achieving financial sustainability)

STRATEGIC OBJECTIVE 6 – Sustainable use of resources

Our wider social responsibility - Decarbonisation (PO 6G) and Social Value (6H) and the Foundational Economy agenda

A Decarbonisation Task Force Group has been established to progress the University Health Board's decarbonisation agenda specifically focusing on identifying opportunities for carbon reduction. The key focus on Procurement, Buildings, land use and Transport. This Task Force is supported by sub-groups for each of these areas. The sub-groups are focusing on developing individual strategies and action plans to identify opportunities and schemes across our estate. The aim is to reduce our Carbon footprint in line with the requirements of the 'All Wales NHS Decarbonisation Strategic Delivery Plan'.

As examples the key areas of focus to reduce this footprint will include;
- Buildings/Land Use/Utilities
  - Identifying opportunities for low carbon heat technologies
  - Low carbon fitting and controls,
  - Renewable technologies, improving building fabric,
  - Reducing water consumption and waste.
- Transport
  - Internal fleet transport,
  - Grey fleet travel,
  - Staff commuting and patient / visitor access.
- Procurement
  - Review and create a robust governance system for all procurement projects including de-carbonisation projects such as Evaluation criteria / Terms and Conditions, financial calculation of carbon on Carbon Trust formulas.
  - Alongside the core objectives, via the Decarbonisation Task Force we will explore opportunities in other areas such as Digital, Agile Working and establish key links with wider University Health Board plans around Health and Wellbeing, Green Health, Climate Change & Adaptation etc.

Social Value and the Foundational Economy
The social value strategy is a fundamental rethink from seeing the public sector as responsible for value extraction to a key function in value creation.

We are cognisant that we are a large anchor institution for West Wales and we have the ability to affect positive change on the economy and our communities including their wider determinants of health. We have a number of Planning Objectives aligned to this work in key areas such as workforce, procurement and decarbonisation. The aim is to positively impact local and Welsh economies – this is fundamental in our desire to take forward the Foundational Economy agenda.

In order to support the work within those areas, we felt that it would be helpful to develop some tools which will help inform strategy. Our outcome for Social Value is our positive impact on society is maximised which is shared in our strategic objectives:
- Measurement data for current projects
- Identification of local areas of deprivation within Hywel Dda to help inform our strategy
- Positively promote jobs to deprived areas

Value Based Healthcare (PO 6D)

In 2019, the University Health Board initiated a programme of work set against the national Value Based Healthcare (VBHC) plan. Good progress has be made, particularly considering the additional pressures the system has faced over the past few years. The advancements have included better understanding outcomes and resource utilisation in several service areas as a basis for change; delivering two case based education programmes; and recalibrating our research and innovation strategy to understand how to make VBHC happen. Our early progress was recognised and in 2020; the Welsh Government and University Health Board committed to increase the scale and pace of delivery of the programme.

Looking forward into 2022/23, we will ensure the equitable, sustainable, and transparent use of available resources to achieve better outcomes and experiences for every person. We will realise this vision by delivering the following goals:
- Invest in the systems and processes to enable our staff to routinely use patient reported outcomes and resource utilisation data in planning, organising and delivering healthcare.
- Develop the knowledge and skills of our staff to put the theory of VBHC into practice.
- Establish partnerships with universities, innovation agencies, international healthcare systems and companies to understand how to optimise the wider societal benefits of adopting a VBHC approach and accelerate the innovations with demonstrable potential to securing them.

The continued outcomes include:
- Routine and automated Patient Reported Outcome Measures (PROM) and Patient Reported Experience Measure (PREM) capture for specialties and pathways across the Health Board.
- Mapping and analysis of resources consumed in targeted pathway areas using the Time Driven Activity Based Costing (TDABC) approach.
- Development and implementation of dashboards and visualisation tools that support clinicians in consultations with patients and service management colleagues in evaluating changes at a pathway level.
- Development and delivery of an ongoing VBHC Education Programme to illustrate the theory and application of VBHC through case based learning.
- Work with academic and industry partners to maximise the benefits to public health in adopting and evaluating novel and technologically enabled approaches.

STRATEGIC OBJECTIVE 6 – Sustainable use of resources

Financial Plan (PO 6B, 6I, 6K, 6L)

Introduction

In a resource constrained environment, the best allocation of those scarce resources to deliver the best outcomes requires a robust financial strategy. For our Health Board, addressing a historic deficit, with increased demands recently arising from COVID-19 and our response to it, the challenge of recovery, and a challenging economic outlook means that our available choices will be constrained.

1. Our approach will be underpinned by four key principles:
2. Population health: We are responsible for the health of the population in our region.
3. Integration: We are responsible for planning, providing or commissioning integrated care.
4. Future generations: We are responsible for considering the needs of our future generations in our current planning and delivery.
5. Broader society: Health and wellbeing is intrinsically linked to our society more generally; in particular good employment, good education and good housing.

In line with our values as an organisation, we will:

1. Put people at the heart of everything we do. We will measure patient experience and outcomes in line with internationally validated datasets across any new investment decision and across the broadest range of services to assess the impact of our resource allocation decisions on our patients and population.
2. Strive to deliver and develop excellent services. We will work with clinical and operational colleagues to determine our target operating models bringing together intelligence from international models of best practice; and allocate resources appropriately.
3. Work together to be the best we can be. We will assess our utilisation of resources across our services and across the places we serve to give better insights in how pathways can deliver better outcomes.

The revised draft Financial Plan for 2022-23 presents a planned deficit position of £62.0m, which unfortunately means that we will not be in a position to submit a financially balanced IMTP for the Three Year Plan 2022-25. The in-year Plan is after assuming, in line with recent guidance, Welsh Government funding for the exceptional economic challenges in relation to energy prices, the impact of the increased National Insurance contributions, and the impact of the Real Living Wage for social care on commissioned packages of care and also for the ongoing transitional costs of COVID-19. We have ensured that the exceptional economic challenges are well assessed and scrutinised our COVID-19 response to enable the transition into the 'new normal' as part of our Plan.

Whilst opportunities to improve both the in-year and underlying deficit have been identified and provided to the organisation, there are currently limited operational plans for delivery due to the escalating pressures caused by attendances to A&E and Domiciliary and Social Care fragility preventing the discharge of medically fit patients; these are fundamental Health and Social Care System wide issues that are not isolated to our region. The implementation of plans to reduce the number of acute beds in this climate is exceptionally challenging, however the organisation is focused on Recovery and developing plans to ring-fence elective bed capacity whilst supporting the capacity constraints within Emergency Departments. There is a recognition that the success of our Urgent and Emergency Care schemes are critical in easing Acute demand by triaging patients in more appropriate settings.

There is a Technical document available on request for the Finance section

Financial Plan (PO 6B, 6I, 6K, 6L)

We are committed to addressing/mitigating these challenges to get back on track with our financial roadmap; Value based health care approaches are being taken across the whole organisation. The anticipated progress against the development of a Target Operating Model (TOM) since the initial submission of the Plan in March has not been delivered and limited in-year benefits have been identified to date. It does, however, remain our aspiration that a TOM can be constructed to focus our delivery of services in the most optimum way for our patients and population, with this forming a critical part of our approach to the medium-term outlook. This will align with the design assumptions set out in our strategy and Programme Business Case. A weekly progress report is being presented to the Executive Team to retain sufficient strategic focus on this key deliverable.

It is our Board's intention for this Three-Year Plan 2022/25, with a robust and detailed focus on 2022/23 actions, to set the foundations for an IMTP to be submitted in a future planning cycle.

Resource strategy framework

a) Resource allocation: developing a value choice framework

A longstanding challenge in the Health Board has been the failure to adequately assess the benefits arising from historic investments and tracking those benefits through to ensure that value has been delivered.

For the University Health Board's current resource allocation, we will develop the Target Operating Model (TOM) approach outlined on the next page.

Putting people at the heart of everything we do	What is the condition or disease which is being addressed?
	What is the patient cohort which is being addressed?
Strive to deliver and develop excellent services	What are the tangible measurable outcome measures which are being targeted as being important to patients or the population?
	What is the baseline assessment?
	What is the trajectory?
	When do we expect success?
	What is the evidence base for the operating model?
	What would be the next best use for the resources deployed for this model?
Work together to be the best we can be	How can digital maximise the value proposal?
	How will patients be involved with the development of the model?
	How can social enterprises/third sector support?

STRATEGIC OBJECTIVE 6 – Sustainable use of resources

Financial Plan (PO 6B, 6I, 6K, 6L)

b) Resource utilisation: Developing a value intelligence framework
- We have already made significant progress in developing intelligence tools across a range of measures. We will further develop these over the planning cycle: at a population level; pathway level; patient and clinician level.
- We will work with external partners through our Regional Partnership arrangements, ARCH and Rural Health and Care Wales to improve collective intelligence on value across our region.
- We will also develop our supplier relationships and University partners to drive our thinking further.

c) Outcomes: Developing a value assessment framework
As outlined above, the failure to assess the benefits arising from historic investments has let to suboptimal resource allocation decisions. While the Target Operating Model approach will address the historic investment decisions, for new investment choice, a value assessment approach will simply require the following questions to be addressed as part of concluding a value investment project.

d) Development of target operating model ("TOM")
The development of a target operating model is expected to accelerate the implementation of change. Following the principles of Kotter's Dual Operating Model, it is aimed to encourage accelerate the delivery of the "A Healthier Mid and West Wales" strategy through working across networks to deliver a new operating model.

The University Health Board's resource challenge is broadly driven by three key factors:
- Demand side challenges from our patients and population;
- Our service configuration, which itself contributes to a demand challenge, especially within unscheduled care; and
- Supply side challenges resulting in inflationary pressures.

e) Pace of change
It will be for the Board to determine the pace of change to a new TOM based on an assessment of its risk tolerance assessment on clinical and performance challenges arising from a transitionary period.

Our recovery path needs to be guided by choices, both for our Board and Welsh Government. We will provide a series of choices to the Board for discussion as part of our medium term financial strategy.

The Minimum Data Set (MDS) utilised during the pandemic has continued and accompanies this document. As noted the underlying work, including close liaison with all disciplines, specifically planning, performance and workforce has continued during this year's planning cycle.

Financial Plan (PO 6B, 6I, 6K, 6L)

1) Summary Financial Position
The revised draft financial plan to achieve a closing £62.0m deficit for 2022/23 is driven by:

- The considerable brought-forward underlying deficit of £68.9m, comprising a £25.0m underlying deficit brought forward and unachieved savings of £32.4m for 2020/21 and £11.5m for 2021/22;
- A reasonable assessment of core internal and external pressures;
- The additional allocations as detailed in the Allocation Letter received in December 2021 from Welsh Government (WG);
- An inadequate level of assurance around the identification of a further £17.0m of savings schemes deliverable within the current financial year against an initial Plan target of £29.4m;
- Both a transfer into the Core position of COVID-19 responses that were initially planned to be decommissioned but have been deemed necessary to continue, and the manifestation of pressures, predominantly within Unscheduled Care and across contracts and consumable provisions of £20.2m;
- Both the Programme and Transitional COVID-19 response costs have been separated and will be discussed at section 7; and
- The exceptional economic challenges in relation to energy prices, the impact of the increased National Insurance contributions, and the impact of the Real Living Wage for social care on commissioned packages of care have been separated and will be discussed at section 8.

Whilst savings schemes of £12.4m have been identified, £12.1m are non-recurrent which will adversely affect the carried-forward underlying deficit (currently assessed at £74.1m) if not addressed during this financial year.

The tables on the next page illustrate the key elements of this assessment, followed by further comment on the construction of key elements (*Further schedules are available within the technical financial annex to this report.*)

Figure A: Summary Financial Position

1) Opening Position	2022/23 £'m
Opening Deficit Plan	25.0
Unachieved Recurrent Savings 2020/21	32.4
Unachieved Recurrent Savings 2021/22	11.5
Opening Position for 2022/23	68.9

2) Assessment of Macro-Inflationary Items	2022/23 £'m
Fuels and Utilities 'normal' inflation	0.7
Primary care prescribing - price	0.0
Secondary care drugs – horizon scanning	0.6
CHC – price inflation	2.1
CPI inflation (3.2%)	1.7
LTA National uplift (2.8%)	3.5
Revenue consequences of capital schemes	0.4
WHSSC/EASC investment contribution	3.1
Welsh Government core uplift 2022/23	(21.4)
Macro-Inflationary items after Welsh Government uplift: Core	(9.3)

3) National Investments	2022/23 £'m
Welsh Risk Pool	0.9
Microsoft SLA uplift	1.8
RISP all-Wales business case	0.2
LINC/LIMS all-Wales business case	0.3
Digital Intensive Care Unit All Wales business case	0.2
NWSSP All Wales business case (Allocate, ESR)	0.2
Digital Service for Patients and the Public (DSPP)	0.1
ePrescribing across Secondary Care across Wales	0.1
Welsh Community Care Information (WCCIS)	0.1
Welsh Emergency Department System All Wales	0.3
Audiology sustainability National business case	0.2
Sustainable PROMs data All Wales business case	0.1
Scan for Safety implementation	0.1
Rapid Diagnosis Clinic Wales Cancer Network	0.3
Single Cancer Pathway	0.2
National Investments: Core	5.1

4) Investments and Service Developments	2022/23 £'m
Additional Recovery costs	7.9
Urgent and Emergency Care	2.8
Integrated Localities	0.5
Executive and Board Pre-Commitments	2.1
Nurse Staffing Act 25B and 25A wards	7.1
Health Board Wide Operational non-recurrent underspends	(7.1)
Investments and Service Developments: Core	13.3

5) COVID-19 Responses transferred to Core and manifestation of pressures, predominantly within Unscheduled Care and across contracts and consumable provisions	2022/23 £'m
Enhanced Cleaning Standards	0.0
Increased Bed Capacity	4.3
Other Capacity & Facilities	4.3
Prescribing Regime Changes and Category M price increases	6.3
Increased Workforce	4.6
Discharge Support	0.3
Other Support Services	0.4
5) COVID-19 Responses transferred to Core and manifestation of pressures, predominantly within Unscheduled Care and across contracts and consumable provisions	20.2

6) Planned outturn (excluding COVID-19 and Exceptional Items)	2022/23 £'m
Opening Position	68.9
Macro-Inflationary items after Welsh Government uplift	(9.3)
National Investments	5.1
Investments and Service Developments	13.3
Planned & USC Sustainability Funding	(21.7)
Value Based Recovery Funding	(1.9)
COVID-19 Responses transferred to Core and manifestation of pressures, predominantly within Unscheduled Care and across contracts and consumable provisions	20.2
FYE Identified Savings Schemes	(0.5)
Underlying Deficit Position	74.1
Non-recurrent Identified Savings Schemes	(12.1)
In-year Planned Outturn (excluding ongoing COVID-19 and Exceptional Items)	62.0

STRATEGIC OBJECTIVE 6 – Sustainable use of resources

Financial Plan (PO 6B, 6I, 6K, 6L)

2) Route Map to Financial Sustainability
Over the medium term, the Health Board is assessing the opportunities to deliver financial sustainability.
Further work will be undertaken over Q1 to assess the deliverable opportunity as part of the development of our Integrated Medium Term Financial Plan.

The current assessment of potential opportunity has been presented to Board as part of our recovery path and, where approved, will progress to fuller clinical and operational engagement as part of our discover, design and deliver approach.

3) COVID-19 Pandemic – Programme, Transitional and Specific Fixed Funded Item Response
The Health Board has developed a high-level framework for COVID-19 planning, setting out four levels of COVID impact, from elimination to urgent.

These have been shared across Health Boards to support consistency of planning assumptions for NHS Wales.
An internal assessment of COVID-19 measures has been undertaken via an Infection Prevention & Control (IP&C) Panel and operational review to inform the Plan's development.

We have modelled on a 'Low COVID' planning assumption, defined as COVID-19 circulating in the community, perhaps at levels of summer 2021, but lower severity (equivalent to Omicron variant). This is in line with the latest advice from WG "De-escalation of COVID-19 measures in NHS Wales", assuming a return to 'business as usual' by 1st April 2022 for IP&C requirements. Should this scenario require amendment to 'Urgent', then our planning assumptions would need to be revisited. We await Welsh Government guidance in respect of the in-year treatment of the remaining brought-forward exceptional Annual Leave provision in relation to COVID-19, after accounting for the sell-back payments made to staff.

The COVID-19 plan is separated into the Programme, Transitional and Specific Fixed Funded Item response.

Programme Response
In line with WG guidance, the specific programmes where WG funding is expected to match costs incurred are PPE, mass COVID-19 vaccination programme and Test, Trace & Protect. Even in the 'Low COVID' scenario, additional use of PPE is expected to be required for the full financial year evidenced on the months of lower prevalence in 2021-22 and Quarter 1 of 2022-23. The mass vaccination programme will also be required for the full financial year to deliver the level of booster immunisations and also to provide the vaccination of children. Local Testing and Tracing (delivered through our Local Authority partners) are expected to continue for the full financial year.. Costs are summarised in Figure B on the next slide.

Transitional Response
Following the desktop IP&C panel review, and subsequent engagement, the following assessment has now been completed:
- All Directorates have reviewed and considered a decommissioning plan for the responses implemented during the pandemic that are no longer deemed directly attributable to COVID-19 following the assessment undertaken to date, updating the impacts or risks as appropriate;
- On this basis, all Directorates have indicated which Quarter, within Financial Year (FY)23, they intend to be able to decommission the current activities listed;
- Plans will be required for decommissioning or consuming within core resources, as appropriate, once timelines are agreed after the Welsh Government Reset programme has concluded.

Financial Plan (PO 6B, 6I, 6K, 6L)

The categories of Transitional responses are listed below:
a) Capacity & facilities costs relating to the ongoing response e.g., cleaning standards,
b) Increased bed capacity specifically relating to COVID (not recovery or core service provision);
c) Prescribing changes directly related to COVID-19 symptoms;
d) Increased workforce costs as a direct result of the COVID-19 response and IP&C guidance;
e) Services that support the ongoing COVID-19 response such as discharge support, Long COVID, extended flu programme, and support for national programmes through shared services;
f) Lost dental income as a result of changes to levels of dental provision.

Costs are summarised in Figure B below. As noted in section 2 the costs below do not form part of our summary financial plan, and further noted at section 4, Welsh Government funding for these costs has been assumed at this point following recent guidance; it is important to emphasise that additional allocations for these areas of anticipated funding will not be provided at this stage, and that the cost risks from these areas will be managed into and through the financial year until allocations can be confirmed.

Figure B: COVID-19 Response	£'m
Programme	
Tracing	2.8
Testing	1.2
COVID-19 Mass Vaccination Programme*	7.0
PPE	2.0
Total Programme	**13.0**
Transitional	
Enhanced Cleaning Standards	1.3
Increased Bed Capacity	2.3
Other Capacity & Facilities	1.0
Prescribing Regime Changes	0.8
Increased Workforce	1.0
Discharge Support	0.3
Other Support Services	0.4
Total Transitional	**7.1**

Figure B: COVID-19 Response (cont.)	£'m
Specific Fixed Funded Items	
Extended Flu Vaccination Programme	0.9
Investigating and learning from cases of nosocomial COVID-19	0.5
Long COVID-19 Service	0.6
Primary Care Contractor lost GDS income	1.1
Total Specific Fixed Funded Items	**3.1**
Sub Total COVID-19 additionality	**23.2**

* In relation to the COVID-19 Mass Vaccination Programme, we are awaiting All-Wales JCVI guidance before we can assess the financial impact of potentially delivering a high proportion of the programme through Primary Care Providers.

STRATEGIC OBJECTIVE 6 – Sustainable use of resources

Financial Plan (PO 6B, 6I, 6K, 6L)

4) Recovery and Sustainability

The main areas relating to Recovery (Planned) and Sustainability (Unscheduled) are:

- The new Day Surgery Unit at Prince Philip Hospital
- Ophthalmology, which consists of the Glaucoma business case and Amman Valley Hospital
- Services commissioned from other organisations
- Urgent and Emergency Care (UEC)
- Integrated Locality Planning
- Ring fencing increased elective bed capacity

Figure C summarises the financial assessments at this point. Note that for Urgent and Emergency Care, the figure below of £2.8m is the net figure that the Health Board plans to invest, after recognising specific Welsh Government funding of £4.2m

Figure C: Recovery and Sustainability	£'m
New Additional Investments 2022-23	
New Day Surgery Unit Prince Philip Hospital	5.2
Ophthalmology: Cataracts	0.5
Ophthalmology: Glaucoma	0.8
Services commissioned from other organisations	1.4
Urgent and Emergency Care	2.8
Integrated Locality Planning	0.5
Total New Additional Investments 2022-23	**11.2**
Total Ring fencing increased elective bed capacity *(split across 5 wards totalling 46 beds)*	**4.6**
Activity investments previously made at risk	
Diagnostic Recovery Developments	0.7
Cancer and Orthopaedic prehab to rehab, Outpatient and recovery support	2.5
Increased seat capacity within Oncology	2.1
Ophthalmology: Wet AMD	0.4
Rehabilitation intervention post recovery	0.6
Integrated Locality Planning – Community Clinic infrastructure	0.6
Acuity increases across wards for RN's and HCSW's to support bed plans	2.3
Diagnostic support across Pathology and Radiology	3.8
Designated pathway for Cancer and GS single use scopes for ENT	0.3
Total Activity investments previously made at risk	**13.3**
Total Recovery and Sustainability	**29.1**

Financial Plan (PO 6B, 6I, 6K, 6L)

5) Exceptional Costs

The specific exceptional economic challenges in relation to energy prices, the impact of the increased National Insurance contributions, and the impact of the Real Living Wage for social care on commissioned packages of care are, in line with recent guidance, assumed to be funded by Welsh Government. A summary is presented in Figure D below.

Figure D: Exceptional costs	£'m
Energy Prices (see breakdown below)	7.8
National Insurance contributions (Health & Social Care Levy)	3.1
Real Living Wage (commissioned services)	3.0
Total	**13.9**

Energy Prices

Modelling has been completed based on the mid-point scenario provided by NHS Wales Shared Services Partnership - Procurement Services. 'Normal' energy price inflation (based on the average cost increase since April 2018) is presented separately within Figure A above, within the macro-inflationary section. The below relates to the exception price inflation impact only.

Energy Prices	£'m
Electricity	2.8
Gas	4.1
Other utilities (Water/Oil/Biomass)	0.9
Total	**7.8**

National Insurance contributions (Health & Social Care Levy)

The Health and Social Care Levy Bill (H&SC Levy) was enacted on 20th October 2021, which legislates for the new UK wide levy to help fund health and social care.

From 6th April 2022, there has been a temporary 1.25 percent points increase in Class 1, 1A and 1B National Insurance Contribution (NIC) rates for employers, and in Class 1 NIC rates for employees. From 6th April 2023 onwards, the government will replace the NIC rate increase with the H&SC Levy of 1.25%. This levy will apply to the same group of individuals as the NIC increase, and will also be extended to individuals above State Pension age with employment income. The impact of the increased employer's contribution has been modelled based on current establishments.

Real Living Wage (commissioned services)

The impact of the Real Living Wage (RLW) increases for Health Board staff will be funded by Welsh Government through core allocation uplifts. The impact of the increases in the Real Living Wage for staff employed outside of the Health Board will be incurred by the Health Board through increases in the costs of packages of care and services that are commissioned. 'Normal' CHC price inflation (based on the average cost increase since April 2018) is presented separately within Figure A above, within the macro-inflationary section.

STRATEGIC OBJECTIVE 6 – Sustainable use of resources

Our Digital Agenda (PO 6M, PO 6N)

Digital technology is an integral part of most people's lives and is increasingly at the heart of the healthcare agenda. The pandemic has accelerated and focused our use of Digital technology and is transforming the way in which we deliver care and the way that we work as a Health Board.

There are increasing digital challenges for healthcare providers to contend with, e.g. recent cyber-security incidents have highlighted the vulnerability of healthcare systems; expectations regarding technology are well ahead of current systems on offer; and robust digital systems are vital to delivering seamless and safe patient care.

There are also a number of opportunities for digital healthcare technology to help meet some of the key priorities for the NHS. Health organisations are already seeing the benefits of implementing Robotic Process Automation (RPA) and Artificial Intelligence (AI) to ease the burden on the workforce by removing the need for repetitive administrative tasks. Emerging technological capabilities are creating new ways to deliver care. Patients already have the option of virtual primary care appointments, and the increased use of this approach could help dramatically reshape the outpatient journey.

Cyber Security
Develop a refreshed Cyber Security Framework by March 2023 and supporting timelines and actions to protecting Health Board information, ensuring confidentiality, integrity of assets and data and availability. Key elements of this framework will be
- refreshing the information assets register and ensuring that business critical assets are kept secure at all times
- identifying the threats and risks (Routine Cyber Security Penetration Testing);
- identifying the safeguards that should be put into place to deal with these threats and risks;
- monitoring the safeguards and assets to manage security breaches (Cyber Security Framework);
- responding to cyber security issues as they occur, and;
- updating and adjusting safeguards in response to changes in assets, threats and risks.

Intelligent Automation
By March 2023 develop an initial intelligent automation plan which combines robotic process automation technology, AI and natural language processing to streamline data collection and integration.

Whilst this plan is in development develop and implement a process to automate the University Health Board's starters & leavers processes and design and implement an intelligent frailty identification robot. These two initial programmes will be implemented during 2022/23

GOVERNANCE, RISK AND ASSURANCE OF THE PLAN

Board Assurance Framework (BAF)

The Board Assurance Framework (BAF) enables the Board to focus its attention on areas of poor performance in terms of progress against delivery of planning objectives, slow or no impact on agreed outcome measures, significant risks to the achievement of strategic objectives, where there is little confidence in the assurances provided. Delivery of Planning Objectives will also be regularly reviewed by Committees. Committees may also identify and advise of weaknesses in the assurances that have been provided to them. Steps are now being taken to develop the BAF in order that its focus moves away from a 'process tool' and towards informing Board agendas and providing information on outcomes.

The BAF Dashboard Report, which is reported to Board on a triannual basis, provides a visual representation of the Health Board's progress against each of its strategic objectives by showing:
- The current delivery against each planning objective aligned to the strategic objective;
- The current performance in respect of the agreed outcome measures for the strategic objective;
- The current principal risks identified which may affect achievement of the strategic objective; and
- The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.

Key actions for 2022/23 are:
- Strengthening operational risk management
- Implementation of a new All Wales Risk Management System
- Review of the organisation risk appetite and tolerance levels

Risk

The University Health Board recognises that there are risks associated with the delivery of the plan it has set out for 2022/23. The most significant risks and mitigations in respect of its ongoing COVID response and recovery plans, have been outlined throughout the plan, and the University Health Board will, through its governance structures, monitor delivery of the plan and that appropriate actions are taken to ensure that risks are appropriately managed. The plan has been developed in the full knowledge of these risks, and the University Health Board is also cognisant that there are some key uncertainties that are out of its control, such as the impact that a new variant may have on its COVID response and recovery plans.

Corporate and Clinical Directorates and Services are responsible for ensuring risks to achieving their objectives, delivering a safe and effective service and compliance with legislation and standards, are identified, assessed and managed to an acceptable level, i.e. within the Board's agreed risk tolerance. These are reported through the Committee Structure to provide assurance that risks are being managed effectively and efficiently.

Assurance of our Plan

In 2021/22 we took the opportunity to review our Committee structures such that there was increased alignment with our Strategic Objectives, such that the:
- Strategic Development and Operational Delivery Committee – will be responsible for the seeking assurance on delivery of strategic objectives 4 and 5. This Committee also holds the overarching responsibility for the development of our Plan and assurance in its delivery
- People, Culture and Organisational Development Committee – would receive assurance on delivery of Planning Objectives under Strategic Objectives 1, 2 and 3.
- Sustainable Resources Committee – would receive an assurance on either all Planning Objectives under Strategic Objective 6, with a focus on financial performance and planning.

All Planning Objectives are aligned to a Committee of the Board, and regular update reports are provided at every other Committee meeting.

Hywel Dda University Health Board	
Advisory Groups	• Healthcare Professionals Forum • Staff Partnership Forum • Stakeholder Reference Group
Joint Committees	• Welsh Health Specialised Services Committee • NHS Wales Shared Services Partnership • Emergency Ambulance Service Committee
Groups with wider representation than the University Health Board	• Public Service Boards • Regional Partnership Board
Statutory Committees of the Board	• Audit and Risk Assurance • Charitable Funds • Mental Health Legislation • Quality, Safety and Experience • Remuneration and Terms of Service Committee • Sustainable Resources
Committees established by the Board	• Health and Safety • People, Organisational Development and Culture • Strategic Developments and Operational Delivery

Concluding Remarks

After two years of responding to the most significant pandemic in a century, the NHS continues to demonstrate remarkable resilience and adaptability. Our staff have been at the forefront of this, acting with professionalism and compassion in the face of emotionally distressing situations and genuine risks to themselves. We have confronted each situation collectively, with each phase of the pandemic bringing new challenges and unprecedented events. The pandemic is not over, but the success of our vaccination programme offers hope and the experience has shown us what we can achieve together. This plan recognises that the strength of the Health Board lies in its people, both those who work in the health and care system and the communities we serve. It acknowledges the impact the pandemic has had on individuals, teams, families and society. As a consequence our priorities and actions put our people at the heart, recognising that the route out of the pandemic and towards our strategic vision will come from our people, in the same way it has through COVID.

Our strategy is ambitious and far-reaching, seeking to set Mid and West Wales up with a health and care system that will serve the population for decades into the future. It offers a truly once in a lifetime opportunity to reset the system and establish a sustainable, high-quality model for our future generations. In this regard we see our potential contribution to Mid and West Wales in the broadest sense, not only in direct health care provision, as important as that is, but also the impact we can have as the largest employer and a significant contributor to the economy. We can, for example, play a major role in supporting our population to develop rewarding careers, support our local businesses and the regenerations of our towns, and provide leadership in the resetting of our society as we seek to address societal challenges like decarbonisation.

As a result this plan reflects the breadth of that ambition. Over the course of the next three years we intend to take significant strides towards this vision, whilst at the same time continuing to respond to COVID and addressing the legacy of the pandemic. Achieving our vision (A Healthier Mid and West Wales) will require the organisation to have a clear focus (our six priorities for 2022/23), a route map to the strategic vision (the planning objectives), a way of measuring progress (the priority measures for 2022/23 and the strategic outcome measures) and robust oversight and risk management (the Board Assurance Framework and revised Committee Structure). The key elements are therefore now in place and our focus moves to delivery of the new models.

As noted in the introduction, we have judged that at this stage we are not yet in a position to submit a formal Integrated Medium-Term Plan (IMTP) to Welsh Government, in the main because more progress is required on our financial plan before it can be approved. Nonetheless this plan sets out what we intend to achieve over the next three years, working with partners and responding to policy drivers, such as the National Clinical Framework, Foundational Economy, Social Duty of Care, and the Future Generations Act; along with Ministerial priorities and outcomes.

During 2022/23 we will:
- continue to be prepared for COVID and any subsequent variants and surges in infections, such that we can be flexible in meeting any changes to demand in our system. This will include our vaccination programme, our testing programme; and understanding and responding to inpatient bed demand
- focus on the recovery of our planned care activity and support patients whilst they wait – this will be aided by the opening of the new Day Surgery Unit in Prince Philip Hospital but also through increased efficiencies in our system, and through our programme of work centred on outpatient transformation
- support our workforce and further develop our route map to workforce sustainability, including our overseas recruitment campaign
- continue the redesign of our urgent and emergency care system, aligned to the six national policy goals
- further strengthen our relationships with our neighbouring Health Boards through regional initiatives such as A Regional Collaboration for Health (ARCH) and Mid Wales Joint Committee for Health and Care
- deliver savings resulting from our opportunities framework and work with Welsh Government on our route map to financial sustainability
- continue work on our strategy 'A Healthier Mid and West Wales', with an emphasis in the coming year on our Outline Business Case
- build upon the work of our seven clusters with a particular emphasis on our Accelerated Cluster Design, and through our Integrated Locality Planning
- accelerate our work in the digital; value-based healthcare; research and innovation; foundational economy and quality management spheres
- continue to learn from our Planning Objectives

We do not underestimate the challenges we face as an organisation as we go into 2022/23, but we are prepared for them and see the next period as an opportunity to reset the system to put us on course for making our strategic vision a reality.

Planning Objectives for Strategic Objective 1 (Putting people at the heart of everything we do)

PO Reference	PO Wording	Executive Lead
1A	Develop and implement plans to deliver NHS Delivery Framework targets related to workforce within the next 3 years (with 2021/22 being year 1). See specific requirements 1.A.i	Director of Workforce and OD
1B	"Building on the success of the command centre, develop a longer-term sustainable model to cover the following: - One single telephone and email point of contact - the ""Hywel Dda Hub"". This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handers - All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact - Further develop the operation of the surveillance cell set up to support Test, Trace and Protect for as long as required - Further develop the incident response and management cell set up to support our COVID-19 response for as long as required - Further develop the Sharepoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions - Develop and implement a plan to roll out access for all patients to own records and appointments within 3 years (from 2022/23)"	Director of Nursing, Quality and Experience
1E	During 2022/23 roll out the processes developed in 2021/22 to maintain personalised contact with all patients currently waiting for elective care which will: 1. Keep them regularly informed of their current expected wait 2. Offer a single point of contact should they need to contact us 3. Provide advice on self-management options whilst waiting 4. Offer advice on what do to if their symptoms deteriorate 5. Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation 6. Offer alternative treatment options if appropriate 7. Incorporate review and checking of patient consent By the end of March 2023 to have this process in place for all patients waiting for elective care in the Health Board	Director of Nursing, Quality and Experience
1F	Following the development of processes to co-design with our staff every stage and element of our HR offer that embody our values. This will address: 1. the way the Health Board recruits new staff and provides induction; 2. all existing HR policies; 3. the way in which employee relation matters are managed and 4. equitable access to training and the Health Board's staff wellbeing services. The resulting changes to policies, processes and approaches will be recommended to the Board in March 2023 for adoption	Director of Workforce and OD
1G	By October 2022 develop Directorate level People Culture Plans across the whole organisation coordinated by the OD Relationship Managers. These plans will lead the way to more good days at work for our staff and incorporate personal development pathways.	Director of Workforce and OD
1H	Following the development and design of the "Making a Difference" Customer Service programme, implement a plan to focus on delivery and measuring outcomes (linked with the Board Assurance Framework), with all members of staff to have completed the programme by September 2024.	Director of Workforce and OD
1I	To embed and sustain a family liaison service in appropriate inpatient and clinical settings from April 2023	Director of Nursing, Quality and Experience

Planning Objectives for Strategic Objective 2 (Working together to be the best we can be)

PO Reference	PO Wording	Executive Lead
2A	Develop a Health Board specific plan by October 2023 that supports the sustainable delivery of Health Board commissioned services for unpaid Carers and responds to the Regional Carers Stratergy, the findings within the population assessment and market stability report and influences the implementation of the Mid and West Wales Health and Care Stratergy by supporting individuals in their homes and communities.	Director of Public Health (Temporarily re-assigned to the Director of Workforce and OD)
2B	By March 2023, implement series of actions to enhance Hywel Dda as a culturally competent organisation. This is able to support and recognise individual needs of employees, patients and carers.	Director of Public Health
2D	By September 2022 to develop a multi-disciplinary clinical and non-clinical education plan and begin implementation from October 2022. This plan will incorporate the expansion of the Apprenticeship Academy in terms of its scope, scale and integration with social care	Director of Workforce and OD
2E	From April 2022, continue to deliver the objectives of the charity's three-year plan (2020-2023) to further promote awareness of the Health Board's official charity and the opportunities available to raise and use funds to make a positive difference to the health, wellbeing and experience of patients, service users and staff across Hywel Dda University Health Board. As part of this, deliver the charity's marketing and communication plan from 1st April 2022 and undertake a review of the charity's strategic objectives, structure and resources to ensure effectiveness for Board assurance with the aim of developing the charity's longer-term strategy by February 2023.	Director of Nursing, Quality and Experience
2I	By February 2023 develop an integrated Occupational Health & Staff psychological wellbeing offer with a single point of contact which supports staff to remain in work, offers support when absent and provides alternative opportunities when health impacts on an individual's ability to be in role.	Director of Workforce and OD
2J	By March 2023 design a comprehensive range of leadership development pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a graduate leadership team programme for health & social care.	Director of Workforce and OD
2K	By March 2023, demonstrate progression of actions from the first staff discovery report focused on how we can better support staff in work and their wider lives to support Health and wellbeing.	Director of Workforce and OD
2L	By June 2022 develop a plan to ensure the retention of our new and existing staff through the improvement of our engagement with staff and a reduction in turnover. This plan should, as a minimum achieve the Welsh average retention rates across all staff groups in the initial phase and achieve best in Wales as a minimum over its whole duration	Director of Workforce and OD
2M	To sustain and develop the Arts in Health Programme by March 2023 to promote and encourage the use of the arts in the healthcare environment to make a positive contribution to the well-being of our patients, service users and our staff.	Director of Nursing, Quality and Experience

Planning Objectives for Strategic Objective 3 (Striving to deliver & develop excellent services) ✓

PO Reference	PO Wording	Executive Lead
3A	Over the next 3 years (with 2022/23 being year 1) implement a quality management system which uses improving together as a delivery vehicle. This will support and drive quality and performance across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The system will embed an improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will also include the development of a culture of continuous improvement and the systems and tools needed to support such a culture. The aim will be to motivate and support colleagues at all levels to strive for excellence.	Director of Finance
3C	From April 2022, establish an implementation group to identify the actions required to respond to the emerging requirements of the Quality & Engagement Act. The specific actions that will be put in place to support organisational readiness will be informed by the work undertaken to review the Health & Care Standards during 2021/2022 and the receipt of any formal guidance related to the Act.	Director of Nursing, Quality and Experience
3E	By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day to day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis). As an initial step, develop and implement a risk stratification model using predictive / cluster analytics to provide evidence for new approaches to the management of chronic conditions to shift the balance of care from the acute sector to primary care and community settings. This should be in place by September 2022 with full inclusion of all health and social care data (as a minimum) by March 2025	Director of Finance
3G	Implement the Research and Innovation Strategic Plan (2021-24) to increase research, development, and innovation activity, and the number of research investigators sufficient to deliver the Health Board, Welsh Government and HCRW expectations and improvement targets (see specific requirement 3.G.i). The plan will be implemented in partnership with universities, life science companies, and public service partners, so as to maximise the development of new research, technologies and services that improve patient care and health outcomes. The portfolio will target an expansion of activity into new areas of organisational, clinical and academic strength, including ophthalmology, orthopaedics, women and children's health, sexual and primary care. A function spanning clinical engineering, research and innovation (TriTech) will also target a threefold increase in technology trials	Medical Director
3H	By March 2023 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved	Board Secretary
3I	To implement contract reform in line with national guidance and timescales	Director of Primary Care, Community and Long Term Care
3J	By June 2022, develop an initial communications plan in relation to our strategy - *A Healthier Mid and West Wales* - and our 3 year plan to restore, recover and develop local services. This plan will be pro-active and seek to build trust with our staff, partners and local population and a sense of hope and optimism as Mid & West Wales emerges from the pandemic. Implementation of the plan to begin no later July 2022.	Director of Communications
3L	By March 2023 to undertake a review of the existing security arrangements within the Health Board with particular reference to strengthening the following areas: • Physical Security • Automated locks • CCTV • Access Control Systems • Intruder Alarms • Communication Systems • Human Factors • Patient and Staff Personal Property • Local Management and staff ownership Once completed, develop a plan to address any issues identified for Board approval and delivery in 2023/24 at the latest.	Director of Nursing, Quality and Experience
3M	By March 2023, develop a comprehensive communication plan for the next 3 years to evolve our branding, deepen our links to our staff, build organisational confidence, and communicate honestly, transparently and effectively with our patients and local population. This should include widening the tools and channels at our disposal. Subject to Board approval in March 2023, begin implementation from April 2023.	Director of Communications
3N	During 2022/23, undertake a Welsh Language and Culture Discovery process that seeks the views of staff, patients, partners, exemplar organisations and the local population regarding ways to make Hywel Dda a model public sector organisation for embracing and celebrating Welsh Language and Culture (in the way we communicate, offer our services and design our estate and facilities for example). The resulting Discovery Report is to be presented for Board approval in Q4 2022/23 and, in light of this, a comprehensive and ambitious Welsh Language and Culture Plan will be presented to Board for approval in March 2023 with implementation starting in April 2023 at the latest. Any elements that can be implemented during 2022/23 should be, subject to appropriate approvals.	Director of Communications

Planning Objectives for Strategic Objective 4 (The best health & wellbeing for our communities)

PO Reference	PO Wording	Executive Lead
4A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to public health within the next 3 years (with 2022/23 being year 1) (see specific requirements 4.A.i)	Director of Public Health
4B	By March 2024 Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years	Director of Public Health
4C	To undertake an evaluation of the impact and benefits of the three Welsh Government supported Transformation Funds and ICF supported schemes in order to develop proposals, with LA partners for consideration and approval at the Regional Partnership Board by March 2023 for implementation from April 2024	Director of Primary Care, Community and Long Term Care
4D	By March 2023 develop a plan to reduce the local health inequalities arising in relation to screening services with implementation of agreed actions to begin no later than April 2023. The aim is to increase the access and opportunity for screening in our most deprived communities to the levels of our least deprived areas	Director of Public Health
4G	Over the period 2022/23 - 2024/25 implement the Health Board's "Healthy Weight: Healthy Wales" plan, undertake an evaluation of the impact and in light of this learning, by September 2024 develop a refreshed plan for the following 3 year planning cycle	Director of Public Health
4H	Review and refresh the Health Board's emergency planning and civil contingencies / public protection strategies and present to Board by December 2022. This should include learning from the COVID 19 pandemic. The specific requirement set out in 4.H.i will be addressed as part of this	Director of Public Health
4I	By March 2023 further develop the Health Board plan to drive forward improved outcomes for Veterans and members of the Armed Forces community, in relation to NHS priority treatment guidance and recruitment strategies, and report on progress annually.	Director of Public Health (Temporarily re-assigned to the Director of Workforce and OD)
4J	Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023. This PO wording is to be updated.	Director of Public Health (Temporarily re-assigned to the Director of Workforce and OD)
4K	By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by "Proportionate Universalism") and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.	Director of Public Health
4L	Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive "social model for health and wellbeing" and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society	Medical Director
4M	By March 2023 create a sustainable and robust health protection service, including a sustainable TB services model for Hywel Dda UHB.	Director of Public Health
4N	Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest	Medical Director
4O	Develop and implement a food health literacy programme for Year 5 children - either as part of the formal curriculum or as a voluntary extra curricular programme - with a pilot taking place in 2022/23. Over the subsequent 3 years, this plan should seek to deliver the programme in at least one location in each county with the aim to have it in place for all Year 5 children over a 10 year period (2022/23 - 2032/33)	Director of Therapies and Health Sciences
4P	By December 2022 develop and seek Board approval for a Recovery & Rehabilitation plan that will provide a comprehensive individualised person centred framework to support the needs of the 4 identified populations included in "Rehabilitation: a framework for continuity and recovery", including those with COVID-19. Subject to IMTP discussions in Q4 2022/23, this pplan should be ready for implementation from April 2024	Director of Therapies and Health Sciences
4Q	By October 2022, through a rapid expansion of all types of community care, put in place the necessary support so that sufficient Hywel Dda residents are able to remain / return home to reduce the number of non-elective patients in acute hospital beds by an average of 120 per day (averaged across the week and compared to the weekly average for the period between January and March 2022)	Director October of Operations
4R	By March 2023 establish a regional oversight group, in partnership with PSBs and the RPB, to develop and promote a broad range of actions that will promote the social and green solutions for health and well-being and contribute to addressing the climate change emergency through green health and sustainability projects.	Director of Public Health (Temporarily re-assigned to the Director of Workforce and OD)
4S	By September 2022 develop a comprehensive action plan to address the biggest preventable risk factors for ill health and premature death in the Hywel Dda area. This plan to be presented to Board and, subject to approval, implementation to begin in Q3 2022/23 and included in the next IMTP refresh	Director of Public Health
4T	By March 2023, implement and embed our approach to continuous engagement through: • Upskilling staff on continuous engagement through bespoke training and the introduction of a new continuous engagement toolkit, with the aim of achieving a deeper understanding of how continuous engagement can have a direct impact on HDdUHB's business success • Implementing structures and mechanisms (such as advisory groups, platforms and channels for communication) that support continuous engagement • Aligning to the Regional Partnership Board's (RPB) framework for continuous engagement, maximising on existing assets and resources within our communities	Director of Strategic Developments and Operational Planning
4U	By December 2022, develop a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVA which includes the identification and development of community leaders, asset mapping and the identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community, and would be owned by the local community. As part of this work, identify sources of funding and a funding mechanism that facilitates community ownership and is for at least 3 years.	Medical Director

Planning Objectives for Strategic Objective 5 (Safe, sustainable, equitable and kind care)

PO Reference	PO Wording	Executive Lead
5A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"	Director of Nursing, Quality and Experience
5B	Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"	Director of Nursing, Quality and Experience
5C	By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in ' A Healthier Mid and West Wales' for: • the repurposing or new build of Glangwili and Withybush • implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii) Develop plans for all other infrastructure requirements in support of the health and care strategy. 5c i - ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay. 5cii - Implement the requirements of 'My charter' to involve people with a learning disability in our future service design and delivery. 5ciii - Incorporate Biophilic Design Principles, learning from the best in the world, into the design of the new hospital and the repurposing of Glangwili and Withybush	Director of Strategic Developments and Operational Planning
5F	Fully implement the Bronglais Hospital strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic	Director of Operations
5G	Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with "Improving Lives, Improving Care" over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD.	Director of Operations
5H	By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health & care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities: • Connected kind communities including implementation of the social prescribing model • Proactive and co-ordinated risk stratification, care planning and integrated community team delivery • Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home • Enhanced use of technology to support self and proactive care • Increased specialist and ambulatory care through community clinics Note - the Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme	Director of Primary Care, Community and Long Term Care
5I	Undertake a comprehensive assessment of all Health Board Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB	Director of Operations
5J	To develop and implement a four year 6 UEC Goals Programme Plan for the Health Board that will implement an integrated 24/7 urgent and emergency care model. The Programme will oversee the development of a strategy and implementation of best practice for our frail population to ensure optimal outcomes for this vulnerable group are achieved. The programme will ensure alignment to the national UEC Policy Goals and will enhance our UEC performance. The local model will feature in Health Board IMTPs as part of core business from 2023/24 onwards as a key deliverable that contributes to the design assumptions and deliver route map for the 'A Healthier Mid and West Wales' Programme Business Case.'	Director of Primary Care, Community and Long Term Care
5K	Establish a process to ensure effective clinical practice is embedded within individual practice and clinical service areas. The process is part of the Health Board's Quality Management System, alongside Clinical Audit and Quality Improvement, and sits within the Quality and Governance structure, by the end of 2022/23. This will be achieved by: • Supporting the assessment of practice against local and national clinical effectiveness standards and ensuing that findings are used improve the services provided to our patients; • Supporting services to identify, understand and act upon findings from external reviews that are relevant to effective clinical practice e.g. GIRFT, Royal College Peer Reviews	Medical Director
5M	By March 2025 implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales (see the specific requirements 5.M.i). Develop a plan to progress to Level 5 of the 7 Levels of the Healthcare Information and Management Systems Society (HIMSS) maturity matrix (currently the Health Board is at level 3).	Director of Finance
5N	Implement all outstanding plans in relation to but not limited to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative, Welsh Health Specialised Services Committee	No single Executive owner
5O	Develop and implement a plan to address Health Board specific fragile services, which maintains and develops safe services until the new hospital system is established	Director of Therapies and Health Sciences

Planning Objectives for Strategic Objective 5 (Safe, sustainable, equitable and kind care)

PO Reference	PO Wording	Executive Lead
5P	Bring the finalised Market Stability Statement and Population Needs Assessment programme to the Health Board by June 2022 and develop an initital set of new Planning Objectives to address the opportunities and issues raised by September 2022 for implementation from Q3 2022/23. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide and take advantage of the new national Continuing Healthcare Framework and likely introduction of Independent User Trusts	Director of Primary Care, Community and Long Term Care
5Q	To develop and implement a plan to roll out an interface asthma services across the Health Board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand.	Director of Primary Care, Community and Long Term Care
5R	In response to the recently signed Digital Inclusion Charter, by March 2023 develop a digital inclusion programme which will provide a coordinated approach to digital inclusion across the Health Board and its wider partners for the local population. The programme will recognise the continuously changing role digital technology plays in the lives of individuals and society as a whole	Director of Finance
5S	By July 2022 a Health Board wide Palliative Care Triumvirate will be established with a pooled budget to lead on the implementation of the approved Palliative Care and End of Life Care Strategy. This will deliver on five key outcomes; a regional commissioning framework for third sector delivered services, an evidenced workforce model based on capacity and demand plan with equitable training opportunities, a service model based on best practice from the Swan/Cygnet model, an outcomes and delivery dashboard in line with new national requirements, and implementation of the estates benchmarking review. By March 2023 the Triumvirate, in partnership and collaboration with the service, will clearly identify the priority gaps for next wave of strategy implementation.	Director of Primary Care, Community and Long Term Care
5T	By September 2022 propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need.	Director of Primary Care, Community and Long Term Care
5U	By September 2022 develop an initial plan for the Health Board's community and non-clinical estate with a focus on addressing the Welsh Government's "Town First" initiative, reducing Health Board accommodation overheads and improving the working lives of our staff. It should also set out an on-going process to refresh and renew this plan over the coming years in order to keep pace with new working patterns, Health Board needs and opportunities for co-location with public and voluntary sector partners. Current work on office moves should continue whilst this plan and on-going process is developed.	Director of Strategic Developments and Operational Planning
5V	By April 2022 develop an IMTP annual planning cycle which supports the Exec Team in the timely development future annual and 3 year plans. This should incorporate the utilisation of quarterly Exec Team residential sessions and a model to deploy operational planning capability out into the organisation.	Director of Strategic Developments and Operational Planning
5W	Develop and deliver an implementation programme that will ensure effective operational implementation of the Liberty Protection Safeguards legislation across the health board by 1st October 2023.	Director of Operations
5X	Develop a plan to introduce a comprehensive quality management system to support and drive quality across the organisation. Implementation to begin by April 2022 and completed within 3 years. The system will be supported by the Health Boards "Improving Together Framework" and EQIiP Programme as devivery vehicles	Director of Nursing, Quality and Experience

Planning Objectives for Strategic Objective 6 (Sustainable use of resources)

PO Reference	PO Wording	Executive Lead
6B	By June 2022 develop and roll-out an initial suite of financial sustainability plans for the whole organisation based om the target operation models the Health Board is seeking to implement through its planning objectives for the next 3 years. These plans should provide the detail underpinning the Health Board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought. In parallel with the above, develop an activity based condition and pathway costing programme for all major health conditions thereby providing a longitudinal analysis of Health Board spend to support the on-going roll out of PROMs and VBHC approaches to budgetary decision making and resource allocation.	Director of Finance
6D	Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation'	Medical Director
6G	By first quarter 2022/23 develop and seek Board endorsement for a strategic roadmap to respond to the Welsh Government ambition for NHS Wales to contribute towards a public sector wide net zero target by 2030. The Health Board will set out a work programme and implement this plan to meet the targets established in the NHS Wales Decarbonisation Strategic Delivery Plan in the areas of carbon management, buildings, transport, procurement, estate planning and land use, and its approach to healthcare including promoting clinical sustainability. Where feasible through the opportunities presented via the Health Boards transformation journey it will look to exceed targets and establish best practice models and pilots, as exemplars for the NHS and wider public sector. The overall aim will be to reduce the Health Board's carbon footprint by at least 34% by 2030 to support the wider public sector ambition to address the climate emergency.	Director of Strategic Developments and Operational Planning
6H	By March 2023 develop a Social Value that outlines our collective ambition and vision for Social Value, incorporating a clear action plan and measures for progress. An umbrella strategy comprising: • Social Value (Intelligence): determine the communities which have the greatest need(s) and co-ordinate efforts across the Health Board • Public Health (Intelligence): assess the assets within those communities, develop high impact proposals and encourage delivery within those communities • Procurement: local sourcing in support of the foundational economy • Workforce: supporting those from our most deprived communities • Facilities & Estates (Carbon): measuring our carbon footprint and pointing to areas of greatest impact for decarbonisation measures • Facilities & Estates (Physical Assets): extracting social value from our physical estate through initiatives spanning usage, maintenance, design and build By August 2022 establishing a Social Value Community of Practice to provide a focus and momentum for delivery across these delegated workstreams.	Director of Finance
6I	By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the Health Board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the Health Boards agreed financial plan as well as their application to the relevant budgets for each director.	Director of Finance
6K	By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in "A Healthier Mid and West Wales" related to the new hospital build on the current health board acute hospital sites. The aim will be to achieve these measures fully by March 2023 and the plan should set out expected trajectories towards this over 2021/22 and 2022/23. The design assumptions in relation to this objective are: • A 40% reduction in emergency admissions for ACS related conditions • A reduction in length of stay to the median of our peer group • A 25% reduction in follow up outpatient appointments • A 4.3% reduction in the overall level of A&E & MIU attendances • 30% of A&E attendances shifted to MIUs • 50% of patients in acute beds to step down to community beds/home within 72 hours • 90% of new and follow up outpatient appointments to take place in a community setting (including virtually) • 50% of day cases in medical specialties to take place in community settings The baseline of the above is 2019/20. The plan will set out the net financial and workforce implications as well as expected trajectories so that it can inform the Health Board's route map to financial recovery.	Director of Operations
6L	Coordinate an ongoing balanced approach to how resources are used and invested and dis-invested in, to achieve workforce, clinical service and financial sustainability. • Chair the Use of Resources leadership group to facilitate balanced decision making, providing a summary update into the Sustainable Use of Resources committee as appropriate. • Continually deliver effective executive partnering from the finance function to achieve clarity on resource utilisation, investment and dis-investment appraisals, including the shift of resources across services to achieve our strategic objectives. • Develop and implement a single revenue investment approach pan Health Board, and instil it within pre-existing governance forums and procedures, ensuring summary financial appraisals are consistently and clearing described, including the appropriate finance business partnering sign-off. • Implement a monthly management information suite to drive organisational financial discipline for across all revenue implications, namely, Savings and Opportunities realisation, investment and dis-investment schedules and funding streams.	Director of Finance
6M	Develop a refreshed Cyber Security Framework by March 2022 and supporting timelines and actions to protecting Health Board information, ensuring confidentiality, integrity of assets and data and availability. Key elements of this framework will be refreshing the information assets register and ensuring that business critical assets are kept secure at all times • identifying the threats and risks (Routine Cyber Security Penetration Testing); • identifying the safeguards that should be put into place to deal with these threats and risks; • monitoring the safeguards and assets to manage security breaches (Cyber Security Framework); • responding to cyber security issues as they occur, and; • updating and adjusting safeguards in response to changes in assets, threats and risks.	Director of Finance
6N	By March 2023 develop an initial intelligent automation plan which combines robotic process automation technology, AI and natural language processing to streamline data collection and integration. Whilst this plan is in development develop and implement a process to automate the Health Board's starters & leavers processes and design and implement an intelligent frailty identification robot. These two initial programmes will be implemented during 2022/24	Director of Finance

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Hywel Dda UHB

Financial Plan Briefing

Board Meeting

28 July 2022

1

Planning timeline recap

December 2021: Board briefed of confirmation from WG on budget allocation and underlying position of £68.9m.

March 2022: £25m deficit put forward to Board, including aspiration of £29.4m savings with no confirmed plans, with a commitment to submit a revised plan including the delivery of Target Operating Model to deliver the savings requirement.

May 2022: Insufficient assurance gained over delivery plans for transformational saving schemes, with deficit moving to £42m, an impact of £17m. Accountable Officer letter submitted to WG outlining the change in position.

May 2022: Planning process launched to develop Target Operating Model step change and to identify whether or not COVID-19 responses can be decommissioned following the All Wales De-Commissioning guidance received. All directorates requested to review and contribute as part of the M3 reporting cycle being used as the process for the Plan Re-Submission.

July 2022: Draft plan re-submitted to WG with a deficit of £62m due to limited decommissioning plans for COVID-19. Financial impact of Target Operating Model not delivering any assured savings in the short term.

Summary financial deficit (£m)
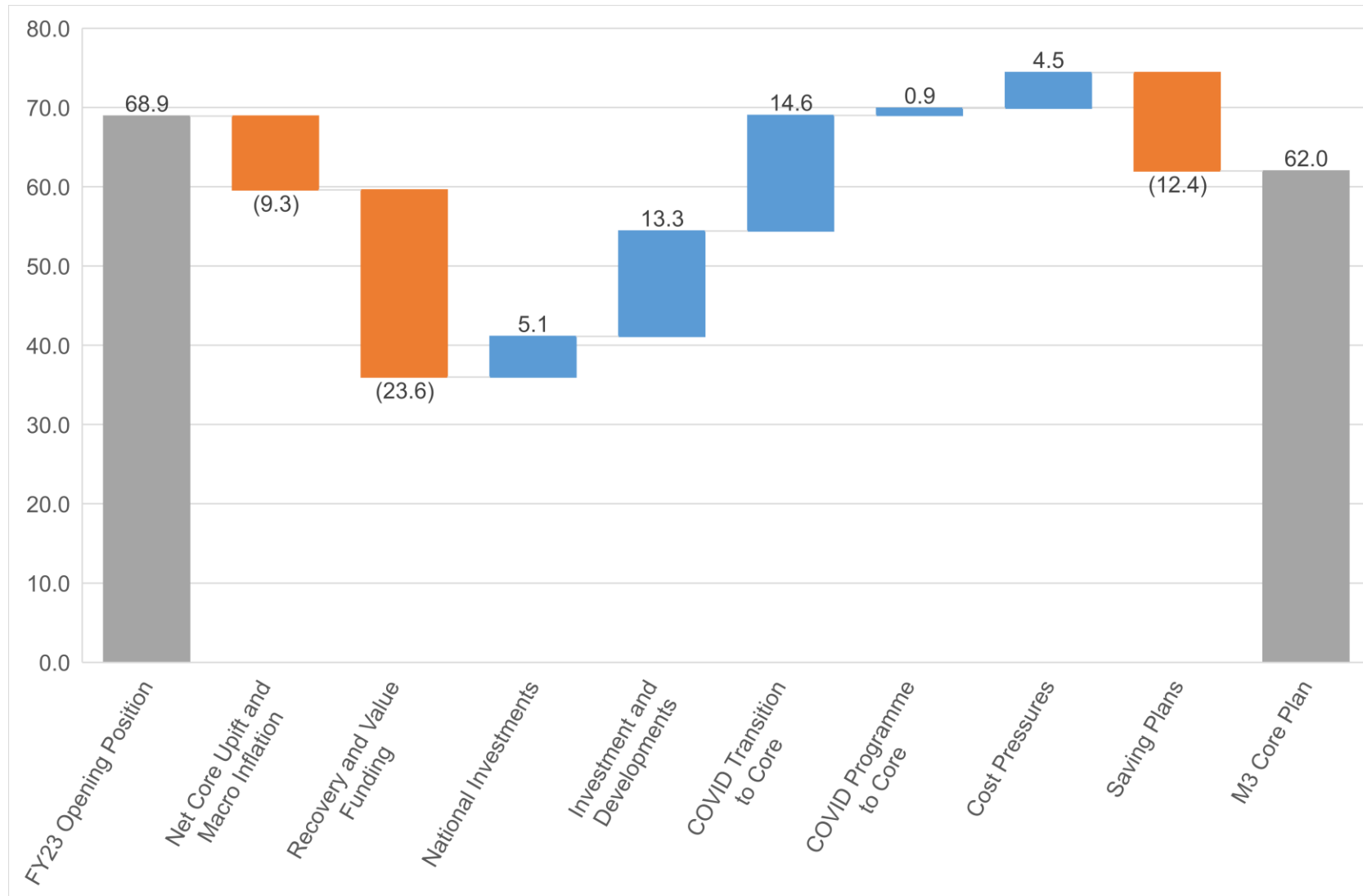
Note: the FY24 recurrent impact will be worse than £62m due to the impact of the vast majority of identified saving schemes being non-recurrent and the full year effect of the Q1 impact of COVID-19 responses and pressures transferred to Core from Q2 onwards. These are currently being modelled for inclusion in an updated ULD.

Summary financial deficit movement

£m	March Plan	M3 Plan	Movement
Savings Delivery	29.4	12.4	17.0
Directorate Core Deficit	**25.0**	**62.0**	**37.0**
COVID-19 Transitional Responses	27.8	7.1	(20.7)
Total Allocation Funding Assumed*	52.8	69.1	16.3
COVID-19 Programme	16.6	13.0	(3.6)
Underlying Deficit	**53.9**	**76.5**	**22.6**

*Excluding COVID-19 Programmes

- Whilst opportunities to improve both the in-year and underlying deficit have been identified, there are currently limited opportunities to deliver against these due to the escalated pressures caused by our unscheduled care system in particular, including the fragility of the Social Care system which is preventing the discharge of medically fit patients;

- The implementation of plans to reduce the number of acute beds in this climate is exceptionally challenging, however the organisation is focused on Recovery and developing plans to ring-fence elective bed capacity whilst supporting the capacity constraints within Emergency Departments. There is a recognition that the success of our Urgent and Emergency Care schemes are critical in easing Acute demand;

- Operational decisions to support and develop services through the COVID-19 pandemic have been reviewed and several deemed to be appropriate to continue and not decommission at this stage, many of which are no longer mandatory within de-escalated guidance, and are now consumed within our Core Plan and financial deficit.

4

COVID-19 responses transferred to core
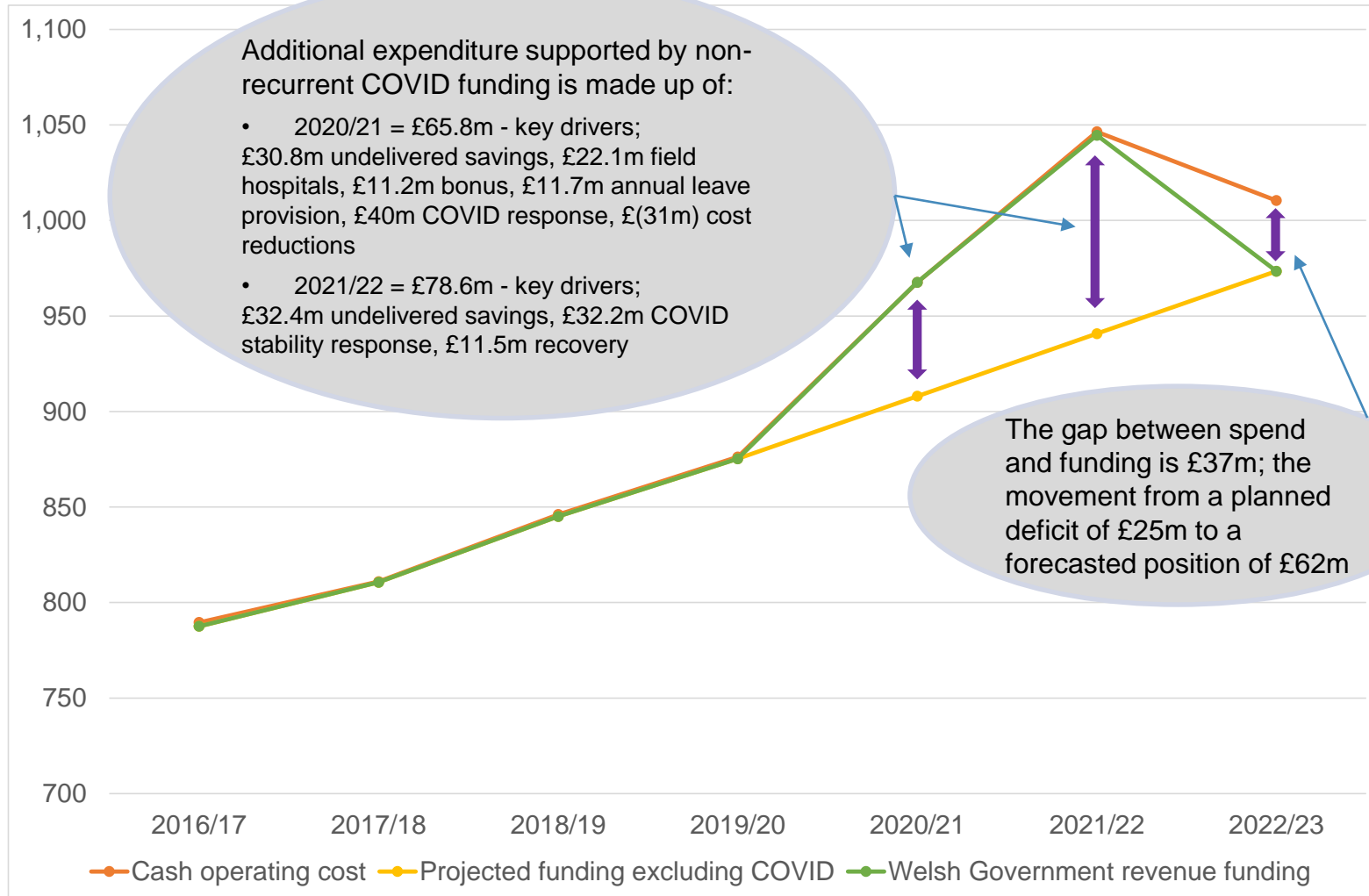
*Decommission

COVID-19 Responses to Core and manifestation of system pressures	2022/23 £'m
Enhanced Cleaning Standards	0.0
Increased Bed Capacity	4.1
Other Capacity & Facilities	4.3
Prescribing Regime Changes and Category M price increases	6.3
Increased Workforce	4.6
Discharge Support	0.3
Other Support Services	0.4
Total	20.0

£m	March	Core	Decom*	June
COVID-19 Transition	27.8	14.6	6.1	7.1
COVID-19 Programme	16.6	0.9	2.7	13.0
COVID-19 Total	**44.4**	**15.5**	**8.5**	**20.1**
Cost Pressures	0.0	4.5		4.5
Sub-Total		**20.0**		
Savings	29.4	17.0		12.4
Core Plan Movement		**37.0**		

- The table above includes the plan opening position for COVID-19 costs and building cost pressures that have transferred to our core plan. The purpose of the summary, is to explain the deterioration of the financial position and what is included within the c.£20m additionality above the £42m, leading to a revised £62.0m EOY forecast.

- For the avoidance of doubt, most of the schemes Transferred to Core will be from Q2 onwards (excluding Medicines Management) so the impact in FY24 will be an additional c.£2.7m (based on extant run rate).

- Additional pressures of £4.5m are manifested within the projected deficit, with the COVID-19 transfer of £15.5m. In addition, the £17.0m of savings recognised as not delivering, gives the total change of £37m.

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Real terms financial position

- In real terms, the following graph depicts the £'000m cash spend and WG funding across the previous six years, and the outlook for 2022/23

Additional expenditure supported by non-recurrent COVID funding is made up of:

- 2020/21 = £65.8m - key drivers; £30.8m undelivered savings, £22.1m field hospitals, £11.2m bonus, £11.7m annual leave provision, £40m COVID response, £(31m) cost reductions
- 2021/22 = £78.6m - key drivers; £32.4m undelivered savings, £32.2m COVID stability response, £11.5m recovery

The gap between spend and funding is £37m; the movement from a planned deficit of £25m to a forecasted position of £62m

- The 2022/23 cash operating cost and funding have excluded COVID Transition and Programme costs of c.£20m to ensure 2022/23 is comparative to pre pandemic years, and the theoretical uplifts that might have occurred based on past trends.

- With the core uplift, sustainability and the re-badged RIF funding all forming part of the core allocation for 2022/23 onwards, there is currently no assumed non-recurrent funding included.

- 2022/23 allocation excludes the pending pay award funding that has been confirmed to be centrally funded, but yet to be issued to health boards together with the new pay award.

Legend: Cash operating cost — Projected funding excluding COVID — Welsh Government revenue funding

Historic and projected trends

- Trends highlighting the relative consistency when normalised over time, consuming general inflation.

- Pay trends increasing due to the wage award, temporary enhancement scheme in 2021/22 and number of permanent appointments offered to COVID-19 employees as part of the decisions to not decommission those services that this stage.

Pay

Non-Pay

Income
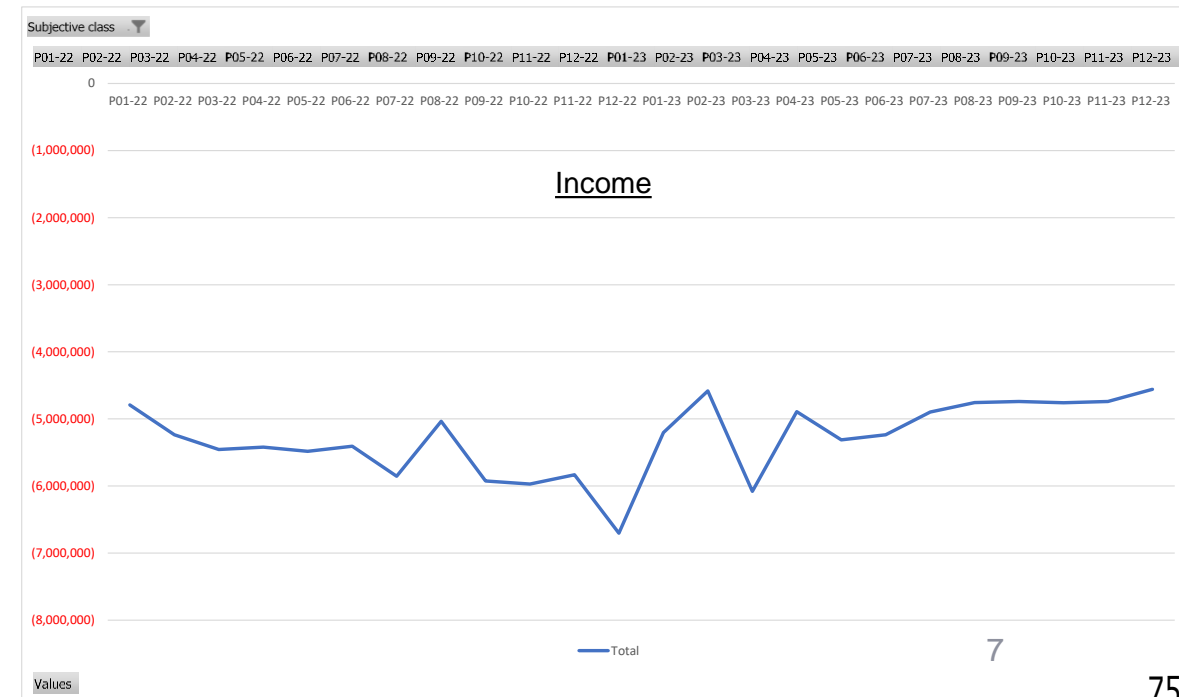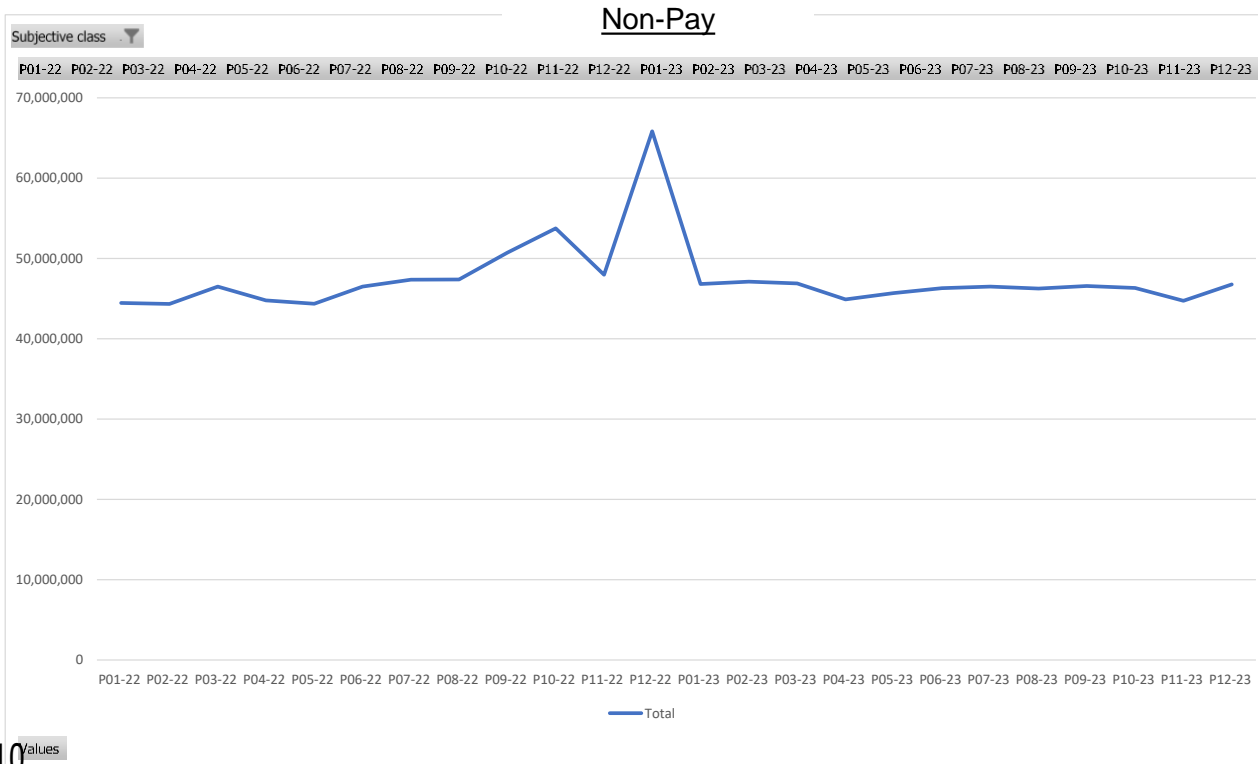
Recovery funding utilisation

Funding for Recovery for 2022-23 onwards of £21.7m confirmed in letter dated 5th October 2021 and issued as part of the Health Board allocation budget statement. Activity investments previously made at risk and additionality in FY23, are made up of the following:

Recovery and Sustainability Investment	£'m
Additional Investments 2022-23	
New Day Surgery Unit Prince Philip Hospital	5.2
Ophthalmology: Cataracts	0.5
Ophthalmology: Glaucoma	0.8
Services commissioned from other organisations	1.4
Urgent and Emergency Care	2.8
Integrated Locality Planning	0.5
Total New Additional Investments 2022-23	**11.2**
Total Ring fencing increased elective bed capacity *(split across 5 wards totalling 46 beds)*	**4.6**
Activity investments previously made at risk	
Diagnostic Recovery Developments	0.7
Cancer and Orthopaedic prehab to rehab, Outpatient and recovery support	2.5
Increased seat capacity within Oncology	2.1
Ophthalmology: Wet AMD	0.4
Rehabilitation intervention post recovery	0.6
Integrated Locality Planning – Community Clinic infrastructure	0.6
Acuity increases across wards for RN's and HCSW's to support bed plans	2.3
Diagnostic support across Pathology and Radiology	3.8
Designated pathway for Cancer and GS single use scopes for ENT	0.3
Total Activity investments previously made at risk	**13.3**
Total Recovery and Sustainability	**29.1**

Guidance in letter dated 5th October 2021:

- *Covid-19: Looking Forward* sets out the framework for responding to the impacts of the pandemic and remains extant. The sections on planned care and unscheduled care describe the policy context and future key priorities.

- Ministers have identified £170m of recurrent revenue funding from within core budgets to support the next steps of implementing plans to strengthen planned care services.

- Ministers provided £200m non-recurrent revenue during 2021/22 to support immediate actions, together with allocations to social care.

- The allocation (£21.7m for our Health Board) must support any recurrent funding requirements from the actions implemented using our allocations from the £200m non-recurrent funding referred to above. Plans should demonstrate alignment with wider organisational strategies and plans which would be funded through core allocations.

- These are not separate plans; they are part of longer term planning and are included in our Financial Plan, which was discussed with WG ahead of formal publication of the Planning Framework and notification of financial allocations at the end of December 2021.

Potential consequences of the worsening deficit

- Regulatory:
  - ➤ Financial position deemed as unacceptable and unsupportable from WG Finance colleagues
  - ➤ Expenditure by definition is 'irregular', leading to a qualification of our audit report
  - ➤ Significant cash flow challenges for the Health Board in March 2023 should Welsh Government not support our position
  - ➤ Additional scrutiny of the Health Board's position

- Reputational:
  - ➤ Potential greater scrutiny leading to less freedom to act
  - ➤ Potential detrimental reduction in external confidence in the Health Board, impacting on our plans

Forward plan

- Scrutiny of choices to move costs from Covid-19 to core baseline by professional leads

- Alignment of cost drivers to planning objectives for delivery

- Develop opportunities for change through Use of Resources groups (Directorate level and Executive Level)

- Assessment of historic investment decisions for value opportunities, including Covid-19 costs transferred to baseline

- Urgently escalate the priority for clinical and operational teams to deliver more cost improvement programmes

- Ensure the underlying deficit is continually articulated to Board members through Sustainable Resources Committee and Board – currently at £76.5m, mainly due to £12m of this years savings schemes being delivered non-recurrently

Hywel Dda UHB

Covid choices

28 July 2022

Summary financial deficit movement

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*Excluding COVID-19 Programmes

- Whilst opportunities to improve both the in-year and underlying deficit have been identified, there are currently limited opportunities to deliver against these due to the escalated pressures caused by our unscheduled care system in particular, including the fragility of the Social Care system which is preventing the discharge of medically fit patients;

- The implementation of plans to reduce the number of acute beds in this climate is exceptionally challenging, however the organisation is focused on Recovery and developing plans to ring-fence elective bed capacity whilst supporting the capacity constraints within Emergency Departments. There is a recognition that the success of our Urgent and Emergency Care schemes are critical in easing Acute demand;

- Operational decisions to support and develop services through the COVID-19 pandemic have been reviewed and several deemed to be appropriate to continue and not decommission at this stage, many of which are no longer mandatory within de-escalated guidance, and are now consumed within our Core Plan and financial deficit.

2

COVID-19 responses transferred to core

COVID-19 Responses to Core and manifestation of system pressures	2022/23 £'m
Enhanced Cleaning Standards	0.0
Increased Bed Capacity	4.1
Other Capacity & Facilities	4.3
Prescribing Regime Changes and Category M price increases	6.3
Increased Workforce	4.6
Discharge Support	0.3
Other Support Services	0.4
Total	20.0

£m	March	Core	Decom*	June
COVID-19 Transition	27.8	14.6	6.1	7.1
COVID-19 Programme	16.6	0.9	2.7	13.0
COVID-19 Total	**44.4**	**15.5**	**8.5**	**20.1**
Cost Pressures	0.0	4.5		4.5
Sub-Total		**20.0**		
Savings	29.4	17.0		12.4
Core Plan Movement		**37.0**		

- The table above includes the plan opening position for COVID-19 costs and building cost pressures that have transferred to our core plan. The purpose of the summary, is to explain the deterioration of the financial position and what is included within the c.£20m additionality above the £42m, leading to a revised £62.0m EOY forecast.

- For the avoidance of doubt, most of the schemes Transferred to Core will be from Q2 onwards (excluding Medicines Management) so the impact in FY24 will be an additional c.£2.7m (based on extant run rate).

- Additional pressures of £4.5m are manifested within the projected deficit, with the COVID-19 transfer of £15.5m. In addition, the £17.0m of savings recognised as not delivering, gives the total change of £37m.

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Appendix

COVID-19 Choices Summary

COVID-19 Transfers to Core and Cost Pressures

- The slides within this appendix are intended to clearly set out what elements of the Covid Transitional Expenditure of £27.8m within the 22/23 plan have transferred from Covid to Core, some of which might not be represented by the full value as management responses fluctuate over time, but will be compared together with the normal service offering.

- During the Planning Phase of the 22/23 plan, there was a significant piece of work undertaken to explain and set out what each Directorate were spending in response to Covid-19. The expenditure totalled circa £27.8m across all areas, which is set out below:

Directorate	£m
Planned Care	0.7
Medicines Management	4.5
Therapies	0.3
Pathology	0.3
Pembrokeshire System	4.4
Ceredigion System	1.7
Carmarthenshire System	5.6
Facilities	6.8
Oncology	0.7
Director of Operations	0.5
Primary Care	1.7
Women and Children	0.6
Total	**27.8**

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COVID-19 Transfers to Core and Cost Pressures

- The previous slide is extremely important, as it forms the agreed opening position (Brought Forward) challenge relating to the expenditure within the Covid Transitional Response.

- Whilst there has been inevitable movements in M1-3, it is prudent to use a clear baseline namely the £27.8m as the basis of any and all movement, which broadly represents the quantum of non-recurrent funding received last year, accepting a few reductions, for example, field hospitals.

- Another important point to set out, is that, the principles around social distancing and the de-escalation of Covid measures were not as explicit during Q4 in 21/22 as they have been in Q1 22/23. In fact, the basis of the plan was to assume Low, Stable and Urgent scenarios and the probability of what level of expenditure would remain. However, this approach, as most Health Boards would attest proved somewhat problematic, as in many cases the schemes have become a significant aspect of day to day operations. Subsequently, it proved extremely difficult to apply a percentage reduction to many of the schemes.

- Pursuant to the aforementioned point, the choices will highlight what schemes have now become core expenditure (baked into the running costs). These schemes are either supporting wider system pressures (beds, staffing etc.) or are linked to changes in Clinical Practice (Home Care Drugs, or Clinical Practice changes Subcutaneous instead of Intravenous modes of administration).

- One point of note and caution, the slides are intended to be a financial analysis of the £27.8m and the movements since the March plan. The pack is not intended to highlight and describe any quality impact and/or any form of Return on Investment (now the expenditure is in core).

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COVID-19 Transition to Core Choices

Planned Care Schemes	Description	£m	Exec Lead	Consequence(s) of not continuing
Green Pathway	Green Pathway at PPH to support Ward 6 for Cancer and Colorectal Services .	0.2	Andrew Carruthers	Change in site usage, required surgical cover out of hours.
ENT Scopes and Other	The practice of using single use ENT scopes was introduced during the pandemic, and other Non-Pay consumables.	0.1		Guidance driven and remains extant, cross-contamination risk.
Total		0.3		

Medicines Management Schemes	Description	£m	Exec Lead	Consequence(s) of not continuing
Medicines Prescribing	There has been an increase level of expenditure in Category M. There are 4,462 items above trend. Further, there has been additional costs relating to the prescribing of Vitamin B12 and DOACs based on the administering practice changes.	4.3	Jill Paterson	Price nationally driven, underlying growth in prescribing activity DOACS NICE supported as first line use, COVID-19 accelerated clinical change. Vit B12 permanent switch, reducing pressure upon primary care appointments.
Total		4.3		

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COVID-19 Transition to Core Choices

Pathology Schemes	Description	£m	Exec Lead	Consequence(s) of not continuing
Drug Changes for Venetoclax, Eltrombopag, Rituximab and Azacitidine	During the pandemic a number of changes were mandated by WG. Therefore, this increased the consumption of drugs, this method of delivery continues to adopted by the Directorate.	0.2	Andrew Carruthers	Predominantly used in haematology. New pathways developed in response to NICE interim guidance, until updated it is the clinically accepted pathway.
Total		**0.2**		

Oncology Schemes	Description	£m	Exec Lead	Consequence(s) of not continuing
Drug Changes - Phesgo	There was a switch during the pandemic from IV (Trastuzumab) to Subcutaneous administration. The subcutaneous drug (Phesgo) has seen an increase in activity to the sum of 60 doses (average) per month.	0.6	Andrew Carruthers	A volume pressure, where capacity gain has reduced individual patient timescales. Aligned to NICE (TA509), a combination drug that is used instead of the individual components, and is currently the more cost effective option overall.
Total		**0.6**		

Primary Care Schemes	Description	£m	Exec Lead	Consequence(s) of not continuing
Flu Vaccinations	Additionality of extended flu vaccine programme.	~~0.5~~	Jill Paterson	*Move to COVID-19 transitional funding as match funded*
Total		~~0.5~~		

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COVID-19 Transition to Core Choices

Facilities Schemes	Description	£m	Exec Lead	Consequence(s) of not continuing
Enhanced cleaning	A number of fixed term staff have been appointed to permanent vacancies .	0.7	Andrew Carruthers	Enhanced and backfill aspects, whilst within budgeted establishment, filling historic vacancies was a response to COVID-19 and has altered the directorate and organisation run rate.

Red Duty Porters are currently a cost pressure within facilities. Exploring possibilities to transfer budgets from elsewhere as these porters are assisting with A&E and catering duties. Again has impacted organisational run-rate.

Remediation – a one off cost to return facilities to pre-COVID structurally. There may be costs next year but aim is to absorb these as part of the new normal.

Laundry – Additional cleaning requirements have been absorbed, with no ongoing pressure.

Income – There is an ongoing cost pressure due to visitor restrictions, etc. |
Backfill (Shielding / Sickness) - Supervision	The cost of backfilling which included shielding and sickness is now a cost to the core plan.	0.2		
Backfill shielding and sickness - Porters	The cost of backfilling which included shielding and sickness is now a cost to the core plan as roles appointed above established budget .	0.4		
Red Duty Porters	A number of appointments to porter roles above budgeted establishment.	0.2		
Covid Maintenance Remediation	The scheme is linked to remediation work and the appointment of 1 WTE engineer.	0.2		
Additional Laundry Costs	The service continue to incur additional laundry costs, these costs are linked to the increase service provision .	0.1		
Loss of Income	Due to a reduction in facilities activity, there has been a loss of income driven by footfall.	0.1		
Total		**1.9**		

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COVID-19 Transition to Core Choices

Carmarthenshire System Schemes	Description	£m	Exec Lead	Consequence(s) of not continuing
AMAU bed capacity	AMAU Red Pathway – additional bank and agency for 24/7 RN and HCSW cover.	0.5	Andrew Carruthers and Jill Paterson	AMAU - operational feedback that additional cubicles (3 side rooms) will still be required to provide a safe service & pathway for patients.

Fixed term contracts absorbed into funded establishment at the start of the financial year – organisational run rate impact.

Capacity issues (AV & PPH beds) – site pressures / surge preventing reduction at present, at least a short term issue. Locums and additional resource are linked to this increased capacity.

Red Pathway - Padarn will remain a respiratory ward at present, whilst increased staffing to manage CPAP it avoids patients going to ITU at a higher cost.

Homecare Drugs - Health board wide cost for retaining the new more cost effective way of administering home care drugs.

Other – a number of these have been absorbed into Core from the start of the financial year. Where 'other' costs could be stopped such as Portacabin hire, these have been decommissioned. |
Fixed Term Staff	Contracted Staff necessary for support - fixed term contracts to 31/3/22.	0.9		
Amman Valley	Additional 8 beds in Amman Valley.	0.3		
Homecare Drugs	Health Board costs due to the new way of administering home care drugs continuing.	0.8		
Locums	Increased locums continuing.	0.3		
Drugs	On-going administration of the use of drugs on Padarn and Towy ward.	0.2		
Bed capacity	PPH additional capacity.	0.3		
Additional resource	Red Pathway and Respiratory ward bank and agency resource requirements.	1.1		
Other	Additional driver, short term locum cover for absence, CHC expedited discharges and assessments.	0.2		
Total		**4.6**		

COVID-19 Transition to Core Choices

Pembrokeshire System Schemes	Description	£m	Exec Lead	Consequence(s) of not continuing
A&E resource requirements	A&E staff recruited during the pandemic moved to core.	1.0	Andrew Carruthers and Jill Paterson	A&E acuity based and overnight issues, now supported by review, where Nurse Staffing Act based assessment identified a £1m requirement (without bank/agency premium). *Nurse Staffing Levels debate in this area will progress via Use of Resources process.* CHC aspect relates to the practice of discharging people into a care home for their assessment and the NHS picking up the full cost whilst they are there.
Resource requirements	On-going staff sickness absence cover.	0.2		
CHC 2 week MDT assessments	Current approach to the 2 week MDTs has continued. However, the scheme is one which now supports system flow.	0.3		
Total		1.5		

Ceredigion System Schemes	Description	£m	Exec Lead	Consequence(s) of not continuing
Green Pathway	Reduction in Covid patients and designated ward no longer required. However, the ward is now being used as surge capacity to support Site demand and system pressures.	0.4	Andrew Carruthers and Jill Paterson	If demand can be managed to reduce surge, the requirement then represents a true opportunity to remove.
Total		0.4		

COVID-19 Programme to Core Choices

Programme to Core Schemes	Description	£m	Exec Lead	Consequence(s) of not continuing
Command Centre	The Command Centre was originally allocated to Covid Programmes.	0.3	Mandy Rayani	CC & WLST – Whilst a qualitative and patient service improvement, through communication and pre-habilitation for example, recognise limitations in direct cost release to fund this.

IPC – associated with a differential service provision, where Carmarthenshire LA funded this role for nursing and care homes, where our other two partner Authorities didn't. Reversing likely to increase patient admission pressures. |
Waiting List Support Team	The team support and enable the management of the PtL.	0.4		
Infection Prevention Team	The IPC posts.	0.2		
Total		**0.9**		

Cost Pressure Growth

Cost Pressures	Description	£m	Exec Lead	Consequence(s) of not continuing
Radiology	Greater use of radiographers to cover consultant vacancies, agency usage to cover radiographer vacancies.	1.5	Andrew Carruthers	Consequences would be increased wating times, poor patient outcomes, patient complaints and difficulties in retaining current staff. Potentially also needing to increase outsourcing (if available) at potential increased cost.
Pathology	Haematology drugs costs increased 58% since the 2019/20 financial year. This is due to activity growth and NICE approving a number of high cost drugs which can be used throughout treatment pathways and in combination with other drugs.	0.7		Delayed treatment times, poorer patient outcomes, potential inequity of treatment, increased medical emergencies due to disease progression, increased patient complaints.
Oncology	Oncology has seen an increase in the number of drugs being prescribed. There has also been an increase in SACT patient activity of circa 20% since 2019/20. This has led to a 15% increase in cost. This is forecasted to increase by a further 10% in 2022/23.	1.7		COVID driven temporary NICE guidance has reversed and SACT readjusted accordingly. Delayed treatment times and cancer targets missed, poorer patient outcomes, increased medical emergencies due to disease progression, increased patient complaints.
Total		**3.9**		